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Aseptic Technic in Providence

The Story of the Development of the Care of Infectious Diseases in Providence, Rhode Island

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IT WAS in the year 1856 that the first request was made by Dr. Edwin M. Snow, Superintendent of the Department of Health, for a hospital in the city of Providence to care for infectious diseases. The necessity for such an institution was specially stressed again, in 1884, by the then Superintendent of Health, Dr. Charles V. Chapin. It was not, however, until 1891, that the first provision was made to care for infectious diseases other than smallpox. At that time, the Rhode Island Hospital built the Russell Ward with a bed capacity of about twenty, and arrangements were made with the hospital by which patients sent by the Superintendent of Health should be received and cared for at a cost to the city of \$15 a week.

In 1896, the City Building, with beds

for about forty patients was erected on the Rhode Island Hospital grounds, twenty beds for patients with scarlet fever and twenty for diphtheria cases.

This building is now the infants' ward at that institution. The city officials made many attempts for permanent arrangements with the Rhode Island Hospital for the care of infectious diseases, but cooperation was not accorded by the Trustees.

In 1904, a special committee was appointed by the City Council to obtain plans and to decide upon a location for a City Hospital. The committee recom-

mended the purchase of land on Chalkstone Avenue, but owing to the opposition of the property owners the site was not purchased. A new hospital committee consisting of the Mayor,



BETWEEN SUN TREATMENTS

the President of the Board of Aldermen and the President of the Common Council was appointed on February 6, 1906. This committee met the Trustees of the Rhode Island Hospital, but they still refused to enter into any permanent arrangement with the city. The hospital committee, on June 28, 1906, purchased the present site, about twenty-five acres, on Eaton Street at a cost of \$30,000.

That fall Providence had a severe epidemic of scarlet fever. A special meeting of the Board of Aldermen was called and an appropriation of \$3,500 was allowed the Rhode Island Hospital to build and equip a temporary ward. The building cost \$3,808.75 and the deficit, as in times past, was met by the trustees of the Hospital. The appropriation for building a City Hospital was readily granted, but owing to the bitter opposition of the property owners the committee found great difficulty in procuring the land. It has been stated that the Alderman of the ward was defeated at election time because he failed to prevent the purchase of the land on Eaton Street. The ground for the City Hospital was broken on July 20, 1908, and the buildings, seven in number, three for wards, were ready for occupancy on March 1, 1910.

Although the citizens believed that the hospital would cause depreciation of the value of their property, it has been an asset. During the war, the hospital ground was tilled and the land not needed for a hospital garden was apportioned among the neighbors. One would look out upon fields of potatoes, corn and other vegetables and here and there in the early evening could be seen family groups enjoying the evening meal. The groups included not only man and wife, but children. Today, from early spring until late autumn, children will be found on the hospital grounds at all hours of the day.

To the ability and the untiring efforts of Dr. Charles V. Chapin belongs the credit for establishing the Providence City Hospital and the introduction into the United States of aseptic technic in the care of infectious diseases. Doctor Chapin for many years had taught that infectious diseases were transmitted by contact and were not air borne as was the common belief. During the summer of 1906, he made a special trip to Europe to visit hospitals in England and the Pasteur hospital in Paris.

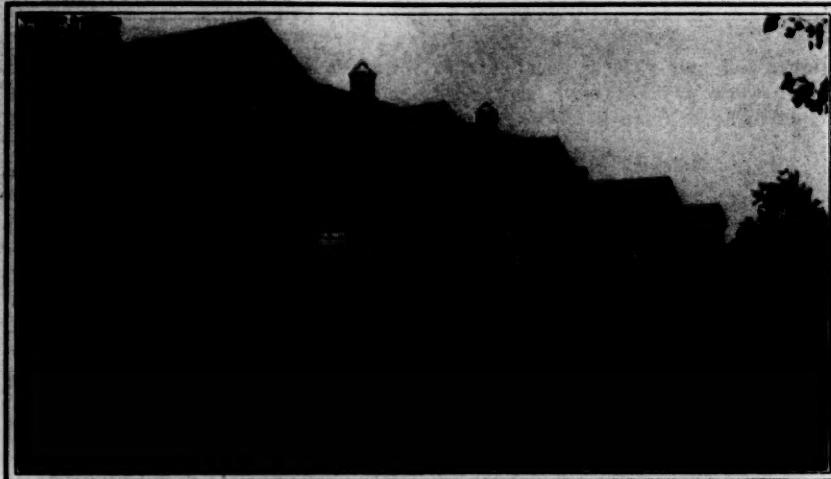
Aseptic Technic

The technic adopted was copied somewhat from the methods in use at the Pasteur Hospital. The work at that hospital is done by a Sisterhood, and when a nun is assigned to the infectious disease ward she remains at that work for many years. The Providence City Hospital, however, has an affiliated training school, and the work is done by a shifting force of students under graduate nurses.

In the year 1910, forty-five students had training in the care of infectious diseases; while in 1924, two hundred and nineteen students received training in aseptic technic.

Ten rooms have windows opening on the corridor, so that the patients can be seen if it is deemed necessary that the doors be kept closed. Each room is equipped with running water for nurses' hands and provided with everything necessary for the care of the patient. To prove his theory, these plans were carried out by Doctor Chapin. Graduate nurses only were allowed to care for the patients on this ward and, after one year's work, the records proved that the various infectious diseases could be cared for by the same force of nurses if aseptic technic was employed.

The work on the other wards for that year was done much as in other



PROVIDENCE CITY HOSPITAL

infectious disease hospitals, except that the nurses at all times have come to a common dining room and have slept in the nurses' dormitory. No attempt was made to keep a certain place or room for nurses caring for a special disease. The graduate nurses, until 1917, and the students, until 1918, were obliged to change their uniforms when leaving the wards. The graduate nurses, students and all other employes have always been allowed the same freedom that the general hospital allows its workers.

From May to December, 1924, eleven students for varied lengths of time commuted to two of our general and one mental disease hospital. While there is no danger of the transmission of disease by the student commuting, this manner of living is unsatisfactory. To enable us, then, to house these students, the hospital hired a flat on Eaton Street in January, 1925.

When it had been fully established that the different infectious diseases could with safety to all be cared for by one force of nurses, the remaining wards were gradually equipped with extra running water so that when necessary the

various diseases may be treated on any ward.

Most of the infectious diseases are transmitted by contact, direct or indirect. Air transmission, except when a germ is forcibly expelled as in coughing or sneezing, is of little importance. But the student must realize that this may be a source of danger, and she should turn her head or stand back from the patient and thus protect herself. Other infectious diseases are transmitted by bites of insects, and for the control of the spread of such diseases other methods are necessary.

In handling patients with infectious diseases, it is most important that a student should know something of the causative agents. She should know when the patient becomes infectious, how long he will be dangerous to the community, where the germs may be found and the care of the secretions containing the infecting organism.

While it is an established fact that the germs causing the acute infectious diseases, ordinarily will not live long outside the human body, the student must remember that she is passing rather quickly from one infection to

another and unless she is conscientious in her work she will be a source of danger to her patients.

Gown Technic

A student who wishes to be honest with herself, her patients, and the hospital, must remember to wear a gown when doing anything for a patient in which there is danger of contaminating the uniform. She must not touch herself after handling a patient or anything belonging to a patient until she has thoroughly washed her hands for two minutes.

Her resisting power must be kept up by good food; she must have plenty of sleep, and exercise in the open air.

A short sleeved uniform should be worn when caring for patients with infectious diseases. Conscientiousness in wearing the gown on duty makes it unnecessary to change the uniform when going off duty.

Gowns should have long sleeves with either elastic, snap or button, preferably elastic, at the wrist, two pieces of tape on the neck band and strings at the waist long enough to overlap and tie in front. Gowns should be changed at least twice a week and oftener if soiled with secretions.

The gown should be so hung that it is possible to take it from the hook and to put the arms through the sleeves before it is necessary to touch the outside of the gown. Before removing the gown, the hands are washed one minute in running water and soap; this washing of hands is to protect the inside of the sleeve of the gown. The gown must be removed in such a way that after untieing the tape at the neck the outside will not be touched with uncovered hands until it is ready to be hung in its proper place.

The care of the hands after the removal of the gown is scrubbing two minutes in running water and soap; the

brush is used only on the nails and palms of hands. A clean towel must be used every time the hands are washed.

While the gown is worn when coming in contact with a patient, there are many things that can be done, and again many things that must be done, without wearing the gown.

The kitchen, linen press, corridor, operating room and most of the utility rooms, except the floors in these areas, are considered uncontaminated and the student is not allowed to wear a gown in these rooms.

When patients are allowed the use of the toilets, a card is placed on the door of the utility room that will designate the people who have been given this privilege, the room is then a contaminated area, or if one patient, an adult, is allowed to use a toilet, that space only is considered contaminated.

The dishes must be collected without wearing a gown and are put directly into the dish sterilizer. The student must see that the dishes are boiled fifteen minutes.

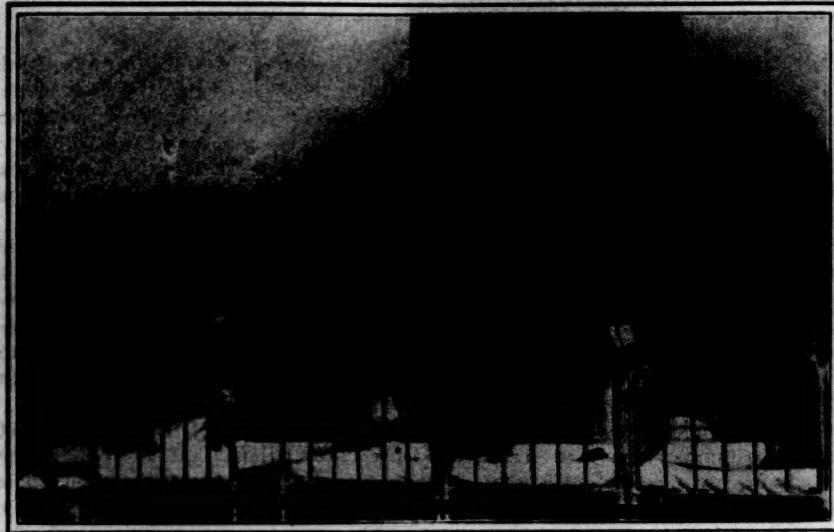
The maid, when working in the kitchen or other clean area, is not required to wear a gown, but one must be worn when she is cleaning in any contaminated section.

Units

A unit represents a distinct infection; it may be a single bed or an entire room. In the unit are also included the bedside table, chair, shelf for thermometer, etc., and a place to hang gowns. It is advisable not to include more than six patients to a unit.

If a room contains multiple units, at least five feet should be allowed between the units; sufficient space and good technic make glass partitions unnecessary.

The freedom that will be allowed to patients depends upon the age and mentality of the individual. It must be



SUN TREATMENT AT PROVIDENCE

admitted that it is much harder to control the adult than the child, not always because he does not understand, but because he will not obey.

If the patient respects the rules, he will be allowed out of bed, toilet privileges and out of doors. This permits passage through the corridor many times a day.

"Detention," "Convalescent," "Barriered," barriered with numbers, and "Non-infectious" are the cards used to designate units.

Detention and convalescent cards are used only in wards in which a number of patients may be grouped in a unit. Detention: New patients under observation for one week. Convalescent: Patients after seven days until discharged.

Barriered cards are used on any ward. Patients whose diagnosis is doubtful, or who have a disease which is not regularly treated on that ward, are barriered. Like numbers on a barriered card indicate a unit.

Non-infectious cards are used when the patient has an illness that is con-

sidered not infectious. It is possible to care for these patients on any ward in the same manner that they would be cared for in the general hospital if dishes, bed pans and other utensils are boiled.

Admission

When a patient is expected on the ward, the unit is made ready with everything necessary for the examination and the regular routine admittance care.

The ambulance attendant places the patient on the bed. The student wearing a gown removes the patient's clothing and puts on him a hospital nightdress. Later the clothing will be listed and placed on the sterilizing square in the corridor. The temperature, pulse, respiration, cultures from nose and throat, and a vaginal smear, if the patient is female fifteen years of age or under, are taken. After the hands have been properly washed, the temperature, pulse and respiration are recorded on the ambulance card and the office is notified that the patient is ready for examination. The bath is not given

until after the physical examination. The articles used in admitting the patient and needed later for his care are kept in the unit.

The instruments are washed and boiled; the head mirror, drop light, stethoscope and tray are washed with phenol solution 1-60. The admitting tray is then reset.

The patient's clothing is listed, a contaminated student seeing that the cotton clothing is properly folded and placed on the sterilizing square, later to be sterilized with steam. An uncontaminated student lists the articles and pins the bundle; she then scrubs her hands for two minutes. All other articles of clothing are marked with a string tag bearing the patient's name, ward, date, and are hung out of doors for six hours. Shoes, except in the ward where the children are not allowed out of bed, are tied on the lower round at the foot of the patient's bed.

The patients' charts are hung in an uncontaminated area (the corridor) and are touched only with clean hands. Should a chart fall to the floor or be touched with contaminated hands, it must be sterilized.

Dishes, medicine glasses, bed pan and urinals are boiled for fifteen minutes each time they are used.

Rubber catheters and rectal tubes are boiled, all other rubber goods are washed with soap and water.

The ward bed linen, etc., is washed in the usual manner of hospital laundries, and is not sterilized before being taken to the laundry. The ward clothing is in the washers for one hour. Blankets are washed in lukewarm water and are dried out of doors or in a dryer.

All the dining room linen, dormitory linen, and the wearing apparel of all employes is washed in the same washers; these washings follow the daily wash for the wards.

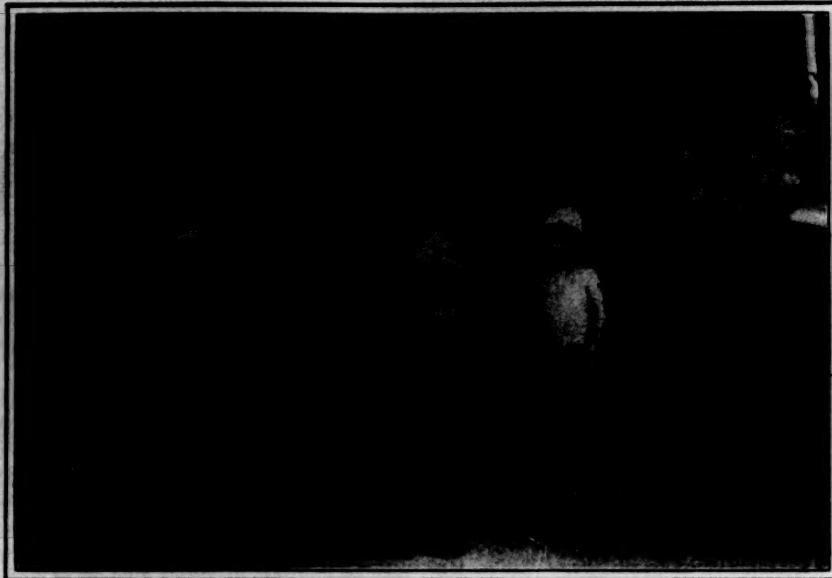
Before sweeping, a sawdust moistened with a floor oil (no germicide is used) is scattered over the floor and the sweeping is done with an ordinary broom. When the work is finished, the broom is scalded at the hopper and is put out of doors.

A patient may be discharged with or without a terminal bath. If a bath is ordered, it is usually given the day before the patient is due to leave the hospital, and consists of a thorough soap and water bath. The patient is then treated as a non-infectious case.

In cleaning a unit, the student must take the clothing that is to go to the laundry to the clothes chute, and she is responsible for the proper care of the rubber goods, thermometer, and the small jars that may be in the unit. The thermometer must be soaked in a solution of phenol 1-60 at least ten minutes, the glass jars are washed and boiled; the care of the rubber goods has previously been explained. A porter is called for the remainder of the cleaning of the unit and that consists of the removal of the mattress and the washing with soap and water of the bed, table, chair, shelf and gown hangers.

Mattresses are protected only with rubber draw sheets, and are aired for six hours between cases, unless the patient has had smallpox, typhus fever, or has died, then they are steam sterilized.

The privilege of visiting the patients has been gradually increased until at the present time all patients on the infectious disease wards are allowed one visitor daily between 2:30 and 3 p. m. Private patients are allowed two visitors between the hours of 1 and 4 p. m. and 7 and 8 p. m. The visitors stand at the door unless special permission has been given to enter the room. Dangerously ill patients may be visited at any hour and if the visitor is intelligent and trustworthy, he may be allowed in the room,



OUTDOOR LIFE AT PROVIDENCE CITY HOSPITAL

but he must wear a gown, and he is not expected to touch the patient. The patients on the venereal disease ward and the adult tuberculosis ward are allowed two visitors between 2 and 3 p. m. and 7 and 8 p. m. The tuberculosis patients are allowed an unlimited number of visitors on Sunday.

Since 1924, children from two to ten years of age, and occasionally older ones, have been admitted to a large room in the tuberculosis building for heliotherapy. During the summer the children are exposed to the sunlight from 9:30 to 11:00 a. m. After a rest period from 12:30 to 2:00 p. m., they are again exposed, from 3 to 4 p. m. In the winter the rays of the Alpine Sun Lamp are used.

Thus far the only prophylaxis in use for our students is vaccination against smallpox. Providence had a scarlet fever epidemic in 1924. During that year the Providence City Hospital treated 1,659 patients; of that number 630 had scarlet fever and 226 diph-

theria. One graduate nurse and five students developed scarlet fever and no one diphtheria. The staff was fourteen graduate nurses and 219 students, and of these students forty-three had scarlet fever. We also had six visitor-graduate nurses whose stay was from a few days to three weeks, and nineteen graduate nurses on special duty.

That the students need training in the care of infectious diseases was most firmly established in the World War, and in epidemics in many of our cities it has been found that the graduate nurses have refused to care for such patients. Assuredly, if a nurse lives up to the highest principles of her profession, she will be very willing to care for suffering humanity in any condition that may arise. She has a right, however, to demand a training that will equip her with a knowledge not only of how to care for a patient, but also how to protect herself, the family, and the community in which she exercises her professional duties.

The Declaration of Geneva

IF THE workers on the Tower of Babel published printed reports, they would probably have produced something like the slim little book, "The Declaration of Geneva," put out by the International Union for the Welfare of Children, at Geneva, Switzerland. Containing less than seventy-five pages, not more than six inches long, it is printed in the languages or dialects of the thirty-nine countries identified with the International Union. After having been duly approved by these associations, the declaration was submitted to the Assembly of the League of Nations, at the Session of 1924. By unanimous resolution the children's charter was approved and its adoption was recommended to all of the countries in the League. By the present Declaration of the Rights of the Child, commonly known as the "Declaration of Geneva," men and

women of all nations, recognizing that Mankind owes to the Child the best that it has to give, declare and accept it as their duty that, beyond and above all considerations of race or creed:

I. THE CHILD must be given the means requisite for its normal development, both materially and spiritually.

II. THE CHILD that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succoured.

III. THE CHILD must be the first to receive relief at times of distress.

IV. THE CHILD must be put in a position to earn a livelihood and must be protected against every form of exploitation.

V. THE CHILD must be brought up in the consciousness that its talents must be devoted to the service of its fellow men.

Bulletin, Maryland Department of Health, Nov. 9, 1925.


The ideal to which we should drive is that there should be no child in America that has not been born under proper conditions, that does not live in hygienic surroundings, that ever suffers from undernutrition, that does not have prompt and efficient medical attention and inspection, that does not receive primary instruction in the elements of hygiene and good health.

—HERBERT HOOVER.

Insulin¹

By P. S. SMITH, M.D.

INSULIN is so intimately interwoven with the disease, diabetes mellitus, and diabetes is so directly associated with metabolism, that one cannot intelligently discuss insulin without considering first the body's normal metabolic processes and the altered metabolism occurring in diabetes.

There is a continuous dual process of wasting and repair of the body tissues occurring in normal, healthy people. These destructive and constructive changes are called metabolism. The forces that exhaust and destroy tissues result from the energy expended in the work and play of our daily life. To replace them, we must have food of the proper kind and in sufficient quantity to supply the needed material for restoring the constant loss and to provide the necessary heat and energy to the body. The thyroid gland with its internal secretion, thyroxin, largely regulates the daily "balance sheet" in the body economy. In thyroid intoxication of the hyperthyroid type we see a much larger expenditure of the individual's tissue "credit" than the body is able to restore,—hence the rapid pulse, the weakness, loss of weight, etc., in spite of an increased appetite. The condition is not unlike the spendthrift who squanders the paternal bank account.

The Pancreas

The pancreas, located in the upper abdominal cavity, is another important organ concerned in metabolism. It has both an internal and external secretion. The external secretion is emptied into the duodenum and contains digestive ferments that help to split complex carbohydrates, proteins and fats into sim-

pler forms so that they can be utilized by the body. A portion of the fats is converted into the same end-product into which the carbohydrates (starches and sugars) are split,—namely, glucose. It is only in the form of glucose that the body can utilize carbohydrates.

The internal secretion of the pancreas, like that of other ductless glands, is absorbed by the small blood vessels supplying the glands found most abundantly in the tail of the pancreas and is distributed by them throughout the body. The active principle in this internal secretion was recognized many years ago and the name "insulin," meaning "island," was given to it by Shaefer. He and others taught that the pancreas not only formed an external secretion, but that the glands composing the so-called Islands of Langerhans, located principally in the tail of the organ, elaborated the internal secretion which contained insulin. Experiments done on dogs proved that this hormone, insulin, is concerned with the utilization of the body's supply of glucose. That which is not immediately required for the production of heat and energy is stored up in the liver and muscles as glycogen ready to be utilized when needed by being reconverted into glucose.

That the internal secretion of the pancreas regulates this oxidation of glucose has been proven by repeated experiments. For instance, if the tail of the pancreas is injured, or the entire gland removed from a dog, sugar in the animal is no longer metabolized; in consequence the normal amount of blood sugar is tremendously increased and the excess is excreted through the kidneys. This constitutes diabetes. The explanation of the phenomenon is

¹Read before the Southwest Virginia Registered Nurses' Association at its meeting in Abingdon, Va.

that when the portion of the pancreas containing the insulin-making glands is injured or destroyed, the animal's body has lost the ferment, or hormone, that regulates its normal sugar metabolism.

But the process does not stop there. If the glucose present cannot be oxidized, the proteins in the body tissues are called upon to supply the needed heat and energy. Excessive drain upon the tissue proteins results in loss of weight and strength. The stored-up fats are only partially split in the absence of glucose oxidation, and these incompletely oxidized fats are highly poisonous to the body. When they accumulate in the tissues, a condition called acidosis results; it is always a serious complication of diabetes.

With these facts in mind we are now in a better position to appreciate what actually takes place in a patient with diabetes. Deprived of a part of his normal supply of insulin as the result of disease involving the insulin-making glands, the entire body metabolism becomes greatly altered. His tissue proteins are wasted, the fats are split but are incompletely oxidized, and the normal blood sugar is increased as the result of his inability to convert glucose derived from his food into heat and energy.

A normal individual has about 0.10 per cent glucose in his blood and a variable quantity of glycogen stored up in his liver and muscles for emergency use. In diabetes, the blood sugar increases in direct proportion as the available supply of insulin is reduced by pancreatic disease. In the average patient when the blood sugar level reaches 0.17 per cent, some of it runs over the dam in the kidneys and is excreted as sugar in the urine. Several vicious circles are thus inaugurated. The higher the blood sugar climbs, the more thirsty the patient becomes and large quantities of water are drunk in the effort to dilute

his excessive blood sugar. The more water he takes, the more disturbed he is by his over-acting kidneys. Again, since the carbohydrates are not utilized by his body, there is an intense craving for more sweets and starches,—hence the candy, ice cream and bread sprees seen in diabetics. Weakness and loss of weight also prompt the victim to gratify his abnormal appetite by over-eating.

Complications

As the disease progresses, complications which oftentimes prove fatal, are apt to develop. The most common are infections, gangrene and acidosis. A trivial scratch, in a diabetic whose resistance to infection is lowered by his disease, may sign his death warrant. Gangrene, particularly of the toes and feet, results from altered metabolism and blood vessel changes. Acidosis, the nemesis of diabetics, as already explained, heralds the accumulation in the tissues of partially oxidized fats, and if unchecked, terminates in coma and death. The physician must ever have these facts in mind and secure the cooperation of the patient in his efforts to prevent them.

While we know the changes in the pancreas and the altered physiology that accompany diabetes, the primary cause is still unproven. Yet we have learned through experience that certain factors contribute to its causation. Among the more important are over-eating, obesity, and infections either systemic or focal. It is interesting to pass along a crowded thoroughfare and attempt to classify the people we meet on the basis of their actual or potential disease. Here we see the thin, typical subject of pulmonary tuberculosis; there the plethoric, red-faced nephritic with high blood pressure; or the nervous, high-strung individual with the stigmata of thyroid intoxication. The diabetic, or pre-diabetic, is usually encountered in

the restaurant or dining room; though already obese, he orders food sufficient for a small family, and tapers off his meal with pies, puddings and ice cream in even larger proportions.

Prior to 1922, when a diabetic was discovered or when he presented himself for treatment, there was only one course open to the physician;—viz., reduce his food intake, if possible, to the point where his urinary sugar disappeared and his blood sugar became normal. Oftentimes the food reduction had to be continued until a condition approximating starvation was reached, and the patient had to choose between a miserable existence of under-nutrition and death. Is it surprising that many voluntarily elected slow suicide by disregarding the dietary advice and eating largely what they chose? Few children with the disease lived longer than one or two years, for diabetes is much more rapid in its exhausting devastation in the young. In the effort to prevent too great deprivation of food, the physician was tempted to withhold carbohydrates and give sufficient proteins and fats to meet the patient's actual body needs. This oftentimes resulted in the prompt appearance of acidosis, coma and death. Or if a diabetic, scrupulously careful regarding his diet, developed a condition requiring major surgery, the operation, however successfully performed, was all too frequently followed by rapidly developing and fatal acidosis. Various drugs were recommended and advertised from time to time, and certain commercial laboratories, then as now, exploited physicians and laymen with their worthless products,—chiefly glandular extracts of the pancreas administered by mouth, which were lauded as helpful in controlling the disease. Many manufacturers of diabetic flours, through clever advertisements, led the patient into a position of false security as the result of their claims for their particular product.

Research of Banting and Others

Such was the problem confronting the physician and the outlook of the patient with diabetes, prior to 1922. For some time previous to that year, clinicians and laboratory workers had been experimenting with the pancreas of lower animals in the attempt to isolate insulin in a pure and potent form. The chief difficulty had been in preventing the powerful digestive ferments in the external secretion of the organ from neutralizing the less stable hormone,—insulin. Dr. F. G. Banting and his associates, working in the physiology laboratory of Doctor MacLeod at the University of Toronto, had also been engaged in the same problem. They found that ligation of the pancreatic duct in the animal would destroy the enzymes normally found in the external secretion, making possible, later, the extraction of insulin from the undamaged tail of the organ. This extract when injected into diabetic dogs showed a definite effect in temporarily lowering the animal's blood sugar. After further experiments, requiring months of labor, it was found that the foetal pancreas of lower animals contained no digestive ferments and that insulin could be extracted from them without a preliminary ligation of the duct. But such methods were either too costly or too impractical to make possible the production of insulin on a large scale for clinical use. It was not long, however, before the final problem was solved by a refined process of alcoholic extraction of the adult animal's pancreas that provided insulin in quantity and in a pure form suitable for injection in man. It is understood, therefore, that while the idea did not originate with Doctor Banting and his associates, the technical difficulties, hitherto unsurmountable, of extracting the hormone from the pancreas in a practical way, were overcome by these brilliant workers.

One Million Diabetics

It is estimated that there are one million diabetics in this country. How the hopes of this multitude of sick must have been raised and their pulse quickened when they read, three years ago, in the newspapers and magazines the highly colored, garbled stories of sensational writers that a wonderful "cure" for diabetes had been discovered and that henceforth they could eat what they pleased. Their chant: "Eat, drink and be merry, for no longer need we die," came from every corner of this and other lands. It has been my unpleasant duty, as well as that of most physicians, to shatter the hopes of some of these diabetics who asked for confirmation of these unwarranted reports. And you, as nurses, have a real responsibility in correctly informing laymen in this matter.

What, then, is the value of insulin, since it is not a curative agent in diabetes? The answer brings us to a discussion, brief though it must be, of the indications for the use of the extract and the manner in which it is employed. It cannot be emphasized too strongly that the diabetic who can take and utilize a sufficient quantity of food, properly balanced, to meet his actual requirements in the work in which he is engaged and remain sugar free, should not be given insulin. Probably more than 50 per cent of diabetics when first seen, if properly handled, fall into this group. The average diabetic, if not actually underweight, should be kept around 10 per cent below his average weight; if obese, a still further weight reduction is desirable.

Patients with diabetes who need insulin may be grouped under the following heads:

1. Advanced cases who cannot remain sugar-free on the diet they require, based on their actual needs.
2. Most children with the disease.

3. Most diabetics with acute infections or gangrene.

4. Those in whom surgery is necessary.

5. In all cases with threatening or actual coma.

In the case of a patient with an advanced form of the disease, the plan usually adopted is to ascertain from his net weight, height, age and sex what is the actual amount of food required in calories per day while he is at rest in bed. This is called the basal requirement. Twenty to thirty per cent additional calories are allowed, if he is engaged in light exercise or work; 50 per cent allowance above his basal requirements may be needed if his occupation entails more strenuous manual labor. This diet, computed in calories, is then further planned with a view to providing for the three main elements of food,—carbohydrates, proteins and fats, care being taken in the selection of articles of diet to include the necessary vitamins. It is highly important that the estimate of his protein requirements be accurate and that the ratio of carbohydrates to fats be kept within the limits of safety, to prevent acidosis. The patient of average intelligence can be taught in a short time how to compute his food allowance from a diet table which shows a wide assortment of food and the content of a given quantity of each expressed in carbohydrates, proteins and fats, with the calories furnished by each article. This plan insures accuracy on his part when he returns home and at the same time makes it possible for him to vary his diet widely in the selection of different articles of food.

Insulin Not a Cure

Each gram of carbohydrate and protein supplies four calories, while a similar amount of fat furnishes nine calories. If the patient in question on such a carefully calculated diet does not shortly

become sugar-free, he should be given insulin. It is understood that the administration of this extract merely reinforces the patient's own depleted supply of insulin and enables him to metabolize the necessary food. The principle is similar to that of feeding thyroid extract to a patient with cretinism or myxedema. It is readily seen, therefore, that insulin does not remove the cause of the disease,—and hence is not a cure; but it serves the all important purpose of enabling the patient to take an amount of food commensurate with his body needs. Furthermore, in a certain percentage of cases, the rest afforded the diabetic's insulin-making glands by the injection of insulin seems to promote a partial restoration of function of the diseased Islands of Langerhans in the pancreas. In such cases a gradual reduction and eventual withdrawal of the insulin is possible. Others, in whom the disease is progressive, may require larger doses from time to time.

Careful Dosage

The dosage of insulin must be carefully and strictly individualized. Generally speaking, one unit of the extract will metabolize about two grams of sugar; hence, if a patient on a properly balanced diet is losing daily in his urine 50 grams of glucose, he will probably require approximately 25 units of insulin in each 24 hours. The urine must not only be rid of sugar, but the patient's blood sugar should be kept at the upper limits of normal. The extract is given hypodermically, 20 to 30 minutes before meals, since it is desired that the effect of insulin on glucose metabolism, which probably reaches its maximum in three hours, shall occur at the same time that the meal is being digested and assimilated. The lowering of the blood sugar following the injection of insulin begins in one-half hour and may be demonstrated for at

least six hours, or longer. The total daily dose is usually divided into three parts, as indicated, but in the milder cases, only one or two hypodermics may be required each day. In the advanced forms, a smaller dosage than that given before meals may be necessary during the night. It is of no value when given by mouth. The cost per unit, originally about five cents, has been gradually reduced until now it averages about one cent per unit,—less than the average man spends for tobacco.

Young children with diabetes generally require insulin because of the fact that their metabolic rate and food requirements are proportionately higher than in adults, and also because the disease is more rapid in its progress. At the time this paper is written we have under observation a child of three years who can be kept sugar free on an adequate diet without insulin; but it is probable that with her increasingly lowered tolerance she will require insulin in a short time.

Diabetics in whom surgery is necessary must be given insulin to prevent a dangerous degree of acidosis which, in a measure, is produced always by the anaesthetic and by temporary withdrawal of food before and after operation.

Finally, patients with diabetic coma require heroic doses of insulin hypodermically, or even intravenously, to oxidize the incompletely oxidized fats which cause that dangerous complication of the disease. The earlier the extract is administered after the onset of severe acidosis and coma, the better will be the results. It is customary to give orange juice, or small quantities of glucose, with each injection of insulin to prevent too rapid reduction of the patient's blood sugar. In such cases the extract may be administered every three to four hours intravenously until the symptoms have been controlled.

It must be emphasized here that the careless administration of insulin, without proper laboratory controls, is highly dangerous. Especially is this true before the needed dosage of insulin has been determined in any particular case. The reason for this is apparent. An agent so potent in reducing blood sugar may cause serious symptoms if, as the result of over dosage, the patient's blood sugar is reduced too much. If it falls below 0.07 per cent, sweating, pallor, nervousness, weakness, etc., suddenly appear. If as low as 0.04 per cent, convulsions or coma may be expected. Either may terminate fatally unless the patient is promptly given glucose by mouth, through a stomach tube, if necessary, or intravenously. It is necessary, after having established what diet is needed, to determine by repeated examinations of the patient's blood and urine what dosage of insulin must be given to supplement his own hormone and keep his blood sugar within the limits of normal. It is evident, therefore, that the instruction of the patient in the accurate calculation of his diet and the correct dosage of insulin is all important if serious mistakes are to be avoided when the patient returns home to continue his treatment. There is no disease in which the close coöperation of the patient with his physician is more necessary. Just as the tuberculous sanatoria teach the patient how to live within his limits, so must a diabetic be taught what to eat,—particularly if he is taking insulin. Otherwise failure is inevitable.

Summary

What, then, has been the result of the work of Banting and his associates whose names are now known throughout the civilized world? The incipient and mild diabetic is still treated in the same manner as formerly,—that is, by dietary measures alone. But what of the un-

fortunate individual who has an advanced form of the disease? It is he, along with the little children with diabetes, and the diabetic confronted with surgery, who rise to call the name of Banting, blessed. For no longer is the advanced victim of the disease forced to starve in order to live. The little patient under ten years of age, formerly doomed to certain death before Santa Claus could make more than one or two annual visits, now, with proper management, can be carried along indefinitely in comfort. The diabetic to whom has been added the necessity of surgical intervention can take his place on the operating table and submit to the surgeon's knife with the assurance that his handicap has been largely removed. More marvelous still, the victim of the disease who has developed insidious coma, which formerly was synonymous with death, can be waked from his ominous sleep and put back to work in the field, shop or office. Truly, the days of miracles have been revived by the patient efforts of mere men working in a Canadian laboratory.



The Nurse's Part In Crime Prevention

A stirring editorial with the above title written out of years of experience by Mary E. Hamilton, New York's first policewoman, appears in *Hospital Social Service* for January.

"Removing physical causes and treating mental ailments," says Miss Hamilton, "are often not only preventive expediencies but sometimes real cures for crime," and she goes on to describe the opportunity of the nurse during the patient's stay in the hospital to guide her toward a life of usefulness. "Among many crime prevention measures is one which belongs almost exclusively to the nurse's realm," according to Miss Hamilton, and this is the measure of *Personal Identification* and she cites the careful footprinting of new-born babies as one of the really spectacular services nurses may render.

The Sanatorium in the Education of the Nurse

BY ANNA M. DRAKE, R.N.

IN discussing the modern public health movement, M. Adelaide Nutting says:

The interested observer can hardly have failed to note how at the very heart and center of these various efforts (to control disease) has usually been placed the work which nurses, and they alone at present, are prepared to give. In varying capacities nurses have become an integral part of the whole public health movement, so essential and indispensable indeed to the working out of its manifold problems that it appears to be generally understood and accepted that adequate health measures can now neither be established nor maintained without that peculiar kind of cooperation which nurses' training enables them to give. The public health movement had to forge no new instrument for this task; it found an almost perfect one, keen flexible and potentially mighty, already available in the field.

Those of us who are interested in tuberculosis believe that the nurse is especially important in the campaign against this disease in which there is yet so much to be done. While the death rate from tuberculosis has been cut in half in the past fifteen years, far too great numbers are succumbing to the disease and most of these are in the most important years of human life, from the ages of fifteen to twenty-nine. It is obvious that greater efforts must be directed upon this point of attack until this peak is lowered or leveled.

Why is the nurse so important in tuberculosis? It is true that the discoveries contributing most to our present knowledge of tuberculosis have been made in laboratories, either under the microscope, through cultures, or in animal experimentation. However, when these discoveries are applied in the treatment of patients suffering from tuberculosis, accurate observations and records are essential. Except in the few instances where the progress of the

disease is watched by the observation of X-ray plates, as in the case of Dr. Kenyon Dunham and his followers, the regulation of the patients' regime, rest, exercise, diet, medication and such special treatments as heliotherapy, depend upon clinical signs and symptoms, and upon the nurse depends the accurate observation and recording of such symptoms as variation in temperature, pulse and respiration; frequency and character of cough; amount and character of sputum; appetite; condition of skin, and general appearance. Even a variation in the temper or disposition of a patient may indicate progress in the disease before other symptoms are apparent. Since control of tuberculosis is so important and since the nurse is so important to this movement, why is it the only subject omitted, generally, from the curriculum of the School of Nursing? We quote from an article by George Thomas Palmer, M.D., of Springfield, Ill.:

The training school may not give to the student nurse that highly developed thing we call "Child Welfare Work"; but it does give the foundation for it in the obstetrical service and in the wards for children. It may not deal extensively in communicable diseases, but the nurse in training cannot escape some contact with typhoid fever, pneumonia, influenza, diphtheria, and others of that class and the nursing of communicable diseases is usually taught with some degree of thoroughness. The training school may not emphasize venereal diseases or "social hygiene," but the nurse comes to know the Wasserman test and salvarsan and comes into daily contact with syphilis in its myriad phases and with the aftermath of venereal disease in the over-crowded gynecologic service.

The nurse may never hear of the Society for the Prevention of Blindness, but she knows what nitrate of silver will do in the way of prevention and she gets at least a smattering of eye treatment. She may hear nothing of the Society for Cancer Research, but she does

see occasional cancer. She may know nothing of "mental hygiene," but she cannot avoid acquiring some knowledge of the neurasthenic, the alcoholic, the drug addict, the melancholic and even acutely insane.

For every phase of medical-social work in the great world beyond her, the nurse receives some foundation training which will help her,—for every phase except the biggest one and the most important one measured whether by prevalence and morbidity or by success in the public attack upon it—tuberculosis.

It is true that in many schools of nursing, lectures in tuberculosis are included among those on communicable diseases. In others a course of lectures from five to ten or fifteen are given by nurses or physicians having more or less experience in tuberculosis. We believe that the importance of the movement demands more than this. Only by residence in a sanatorium devoted to the scientific care of tuberculosis and for a period long enough to become skilled in the observation and understanding of symptoms, can the nurse gain a working knowledge of tuberculosis. Here she daily learns the relation between symptoms and activity. She observes a patient become fussy and restless, show a rise in temperature and an acceleration in pulse rate and later reads a report from the medical department, "Patient is developing fluid in the right pleural cavity." She notes a patient, with bathroom or dining-room privileges, lingering on the way and making excursions about the ward before returning to bed. She then observes a rise in temperature and pulse, an increase in cough and expectoration, and the resulting ultimatum from the medical department,—"absolute rest in bed." Can any lectures, however inspiring, compare with these observations in impressing upon the mind of the student nurse the importance of rest and close medical supervision in the treatment of tuberculosis?

We come now to a most important phase of the tuberculosis problem which

also can be impressed upon the nurse nowhere as in a sanatorium; namely, tuberculosis as a family disease. In a municipal sanatorium, just now, we find the following: 1. A mother in an advanced stage of tuberculosis in a ward and her three children under treatment in the children's department. 2. A mother in a dying condition, a daughter aged twenty-one, with a fairly good prognosis, a son aged twenty-four, with a doubtful prognosis, and an adopted daughter in the children's department with a fairly good prognosis. 3. A father with advanced tuberculosis and various complications has a son fourteen in another ward with early adult type of tuberculosis and another son in the children's department with puerile type. 4. A colored mother in the ward and two children in the children's department. 5. One sister, aged fourteen, in a ward with early adult type and two in the children's department, whose mother died from tuberculosis in their home, never having had sanatorium care.

To illustrate the fact that tuberculosis is a social and community disease, the nurse in this same institution observed that in one ten-day period, three different cases were admitted and died. Where were these patients before admission? With active open tuberculosis for from six months to two years, how many children have they infected? Can the nurse who sees these things and who has her attention called to their significance, fail to be watchful for symptoms of tuberculosis among those with whom she comes in contact whether in the public health field, in private duty, in an institution, or indeed in her every day social and business contacts?

References

1. "Introduction to Public Health Nursing," Mary S. Gardner.
2. *American Journal of Nursing*, September, 1924, Tuberculosis in the Training of the Nurse, George Thomas Palmer, M.D.

Did You Happen to Know?

Some Facts about the American Nurses' Association Relief Fund

THAT the total of the Nurses' Relief Fund was \$61,082.38 in 1923 and that it reached \$119,446.52 at the close of last year?

That thirty-one applicants were receiving benefits on January 1, 1923, and seventy-nine on December 31, 1925?

That the benefits paid totalled \$6,620 in 1923, \$8,776.10 in 1924 and \$12,630 for the year 1925?

That \$18,968.74 was contributed to the fund in 1923, \$20,852.54 in 1924, and \$27,890.54 in 1925?

That Pennsylvania nurses contributed \$222 to the fund in 1924 and \$9,031 in 1925, making an increase of over 4,000 per cent.

That Wisconsin contributions were boosted \$406 at their annual convention, making a grand total of \$1,052 for the year against \$557.50 for 1924.

That New York donated \$5,236.13 to the fund in 1925 and that she gave \$5,015.69 in 1924?

That Alabama has \$112.30 on record for 1925 against \$64.10 in 1924?

That Michigan contributions totalled \$840.35 on December 31, 1925, and that she gave \$677.70 in 1924?

That Colorado climbed from \$44 in 1924 to \$162 last year, according to the latest reports?

That Tennessee has sent in \$478 in 1925, beating by a safe margin the \$426.46 of 1924?

That Arkansas contributions totalled \$170 for 1925 against \$100 for 1924?

That California has contributed \$1,758.25 for last year and \$2,074 in 1924?

That Florida can boast \$169.50 for 1925 against \$130 in 1924?

That Ohio reached \$820 last year and \$1,027.55 for 1924?

That Kansas went over the top, for \$206, last year and gave \$151 in 1924?

That Kentucky is \$240 to the good in contributions for the year just past, more than doubling her 1924 record of \$110?

That New Hampshire came out with \$115 for 1925 against \$107 for 1924?

That New Jersey also eclipsed her record of \$532 for 1924 by contributing \$1,344.70 in 1925?

That Vermont had \$79 on record for last year, gaining over 100 per cent over the \$25 contributed the year before?

That West Virginia contributions reached \$210 in 1925 against \$200 for 1924?

Are we downhearted? No! Especially no, after reading the cheerful Christmas greetings received at Headquarters from the beneficiaries.



Memorial for Queen Alexandra

The King and Queen of England have approved a movement to add to the endowment of Queen Victoria's Jubilee Institute for Nurses by raising a fund in memory of Queen Alexandra. Funds are needed to increase the number of fully trained nurses and of midwives and to increase the resources for their training, equipment, and maintenance. It is desired also to make better pension and other provisions for the age of nurses.

The Institute, which is a public health nursing organization, was founded in 1887 by Queen Victoria with the jubilee offering of the women of Great Britain and Ireland. It received further funds on the occasion of the Diamond Jubilee in 1897; and in 1901-2 the Women's Memorial to Queen Victoria was devoted to the same object.

Thanks of the I. C. N. to Miss Dock¹

HENRY W. DONALD, the artist who designed and illuminated the Address sent by the International Council of Nurses to Lavinia L. Dock, in recognition of its indebtedness to her for her great services to it since its foundation, has kindly given us the following information.

The design is based on the 15th century flower pattern of English style of illumination. In the center of the top roses, are Miss Dock's initials woven into a cipher. In the left-hand top corner a vignette of a prison window with broken bars, at the right-hand top corner the badge of the Matrons' Council of Great Britain (of which Miss Dock is an honorary member).

In the center of the bottom border is a terrestrial globe surrounded by a laurel wreath encircled with a ribbon displaying the words, International Council of Nurses. Interspersed with the foliage of the decoration in the border are the names of different institutions with which Miss Dock has been connected, the Henry Street Settlement, Teachers College, Columbia University, Bellevue Hospital, New York, the League of Nursing Education, the Illinois Training School, the American Nurses' Association, and the Johns Hopkins Hospital.

Musical instruments, for Miss Dock is a musician, and artists' implements, for she is talented with brush and pen, also find place in the scroll.

Address of Thanks Presented to Miss Lavinia Lloyd Dock, R.N.

Hon. Secretary, International Council of Nurses, 1899-1922

We, your friends and co-workers, associated with you in the International Council of Nurses, desire to express to you, with affectionate regard, our deep

¹From the *British Journal of Nursing*, January, 1926.

admiration and grateful appreciation of your work in connection with the development of the Council.

Founded in London in 1899, on the proposition of Mrs. Bedford Fenwick, at the Annual Meeting of the Matrons' Council of Great Britain and Ireland, of which you are an Hon. Member, you then accepted the position of Hon. Secretary to the International Council, and from that time placed your brilliant gifts at its disposal, giving personal service without measure, and later, most generously, your royalties for the third and fourth volumes of "A History of Nursing" amounting annually to a considerable sum.

In collaboration with the Founder Members of the International Council of Nurses you worked so effectively for its development that when you resigned office in 1922, the National Councils of Trained Nurses of Great Britain and Ireland, the United States of America, Germany, Canada, Denmark, Finland, Holland, India, New Zealand, Belgium, China, Italy, Norway, and South Africa, had been welded together in a great Federation of Nurses encircling the world, of which the essential idea is self-government of trained nurses in National Associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit in their members.

For the example you have given to the nurses of all Nations by your altruism, your courage, your fearlessness in combating justice, and for the sympathy, dignity, and harmony with which you have conducted the business of the Council, we thank you gratefully and sincerely.

Signed on behalf of the International Council of Nurses,

**HENNY TSCHERNING,
President.
Copenhagen, July, 1922.**

Calculating a Diabetic's Menu¹

By BERTHA M. WOOD

THE demand for calculated menus for the diabetic has made it necessary for us to become better acquainted with food values.

If the patient has a high blood sugar or is verging on coma, a "starvation diet" is frequently ordered. The prescription for the day is usually 500 grams of 3 per cent and 5 per cent vegetables with black coffee and nutrivoice bran wafers.

The 3 and 5 per cent vegetables are those which contain from 3 to 5 per cent of carbohydrates. They are asparagus, baby limas, Brussels sprouts,

cabbage, carrots, cauliflower, celery, celery root or nobs, cucumbers, egg plant, endive, kohlrabi, green peppers, lettuce, onions, radishes, rhubarb, romaine, sauerkraut, sorrel, spinach, string beans, summer squash, tomatoes, turnips and water cress. With this list one has quite a variety to choose from and it is not usually necessary to keep a patient on a "starvation diet" more than two days at the most.

If the physician uses a food prescription blank, it is much more satisfactory for the nurse. One may be drawn up as follows, if none is at hand.

Food Prescription Blank

Name _____ Date _____ 192_____
Diagnosis _____ Doctor _____

P	C	F	Total Calories	Total Fluids	Salt

Special Foods Desired

Foods to be Omitted

Total Food Consumed on _____ 192

P	C	F	Total Calories	Total Fluids	Salt

Nurse

¹Reprints of this article at 10 cents each, or Food Prescription Blanks at 1 cent each, may be obtained from the *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

The value of a blank like the above is that the physician writes his order for the amount of foods to be given and there can be no misunderstanding. Then the nurse has the blanks which she may consult from day to day, showing the foods specially desired by the patient and the ones to be omitted. These may be written down after the

of lemon or orange, cinnamon or nutmeg. Oil the baking sheet with mineral oil.

To wash bran, place it in a fine sieve or cheesecloth, and let cold water run through it. Bran contains a large amount of starch; therefore it must be thoroughly washed until the water which runs through is clear.

500 grams 3-5 per cent vegetables						
BREAKFAST	Grams	Approx. Amts.	P	C	F	Calories
Rhubarb	100	1 cup	1	4		20
Carrot straws served on lettuce	50	1/3 cup	1/2	3		15
1 cup black coffee	50	5 leaves	1/2	1		5
2 bran wafers						
 DINNER						
Green peppers cut up in slices with tomato	100	1 med.	1	5		25
Boiled cabbage	50	1/2 med.	1/2	2		10
2 bran wafers	50	1/3 cup	1	3		15
 SUPPER						
String beans	50	1/4 cup	1/2	2		10
Romaine	50	5 leaves	1	1 1/2		10
1 bran wafer						
	500		6 gms.	21 1/2 gms.		110C.

nurse has told the patient what foods there are to choose from.

On the lower part of the blank, one may see the menu of the preceding day and there is no danger of repeating the same foods, even when on a "starvation diet."

The accompanying menu may be for the first day.

The nutrivoice bran waters are made by the following recipe:

- 1/2 cup nutrivoice flour
- 1 cup washed bran
- 3 tablespoons mineral oil
- 1 tablespoon India gum
- 1/2 teaspoon salt
- 3 tablespoons hot water

Mix all the dry ingredients. Then add the bran, oil, and a sufficient amount of hot water to make a soft dough. Spread *thin* on an oiled baking sheet and cut into squares. These wafers may be flavored with grated rind

Nutrivoice flour is a commercial flour which is void of nutrient.

India gum is a form of carbohydrate which has no food value because it is not absorbed.

Mineral oil also has no food value and may be used with vinegar, salt and pepper on lettuce or other salad.

After reading this menu one can see why it is called a "starvation diet." It is also quite evident why a patient is not kept on it many days; one hundred and ten calories would not sustain life long, even when a patient is in bed.

As the foregoing menu provides a little over 20 grams of carbohydrate it may be safe to presume that the next prescription may read P. 30 C. 30 F. 90. Usually the amount of fat is three times that of the carbohydrate. The relationship of carbohydrate to fat is much like that of the wick to the tallow of the candle. If there is an excess of

fat, there is danger of acidosis. That is why a patient must be encouraged to eat all his food, as each kind is related to the others and only by consuming it all will

This may be beaten in a bowl or shaken in a bottle or the lettuce may be first treated with the oil and the vinegar, salt and pepper added afterwards. If

BREAKFAST	Grams	Approx. Amts.	P. 30		C. 30	F. 90	Calories
			P	C			
Orange	50	1/2 med.	1	6			28
Egg		1	7			5	73
Nutrivoid bread		1 slice	2			1	17
Butter	10					9	81
Black coffee							
Cream, 40 per cent	25	2 tab'sp'ns		1		10	94
DINNER							
Clear chicken or meat broth		3/4 cup					
Saltines		2		4			
Lamb chop	50	1 med.	10			10	130
Peas	100	1/2 cup	4	10			56
Celery		4 stalks	1	3			16
Bran wafers							
Butter	10					9	81
SUPPER							
Lettuce	50	5 leaves		1			4
Baby limas	100	1/2 cup	1	3			16
Nutrivoid muffin		1	2			1	17
Butter	10					9	81
Raspberry jelly		3 tab'sp'ns	1				4
Whipped cream, 40%	50	4 tab'sp'ns		2		20	188
Butter for vegetables	15		1			15	139
					30 gms.	30 gms.	89 gms.
							1041 C.

the patient be properly treated. Here again we have the difficulty of teaching the patient that there is no virtue in not eating, that a diet is what *to eat*.

The fat in the above menu totals 89 grams as an allowance of 15 grams has been made with which to dress the vegetables. It is frequently found much more convenient to weigh out the day's amount of cream and place it in a glass, to be used during the day as desired. The same may be done with the butter. This saves many measurings and one knows that the total amount must be consumed during the day.

A salad dressing of mineral oil and vinegar may be varied in its flavoring by adding celery salt, onion salt, a little chopped pepper or parsley. The proportions are usually twice as much oil as vinegar with salt and pepper to taste.

the patient is on a high fat diet or prefers olive oil to heavy cream, this dressing may be made with two tablespoons of olive oil which give 25 grams of fat and 225 calories.

Nutrivoid bread is made as follows and the secret of success in making it is to keep the air in the egg whites by quickly folding them into the mixture.

NUTRIVOID BREAD

- 3 tablespoons nutrivoid flour
- 2 eggs
- 1/2 teaspoon salt

Beat the eggs separately, adding the salt to the whites. Fold the whites into the yolks, then fold in the flour very gradually. Pour into a small buttered pan or into small muffin pans. Bake in a moderately hot oven three quarters of an hour.

The raspberry jelly is used to add

flavor to the whipped cream. It is really a carrier for the fat.

RASPBERRY JELLY

$\frac{1}{2}$ tablespoon gelatine
 $\frac{1}{2}$ cup raspberry juice

Dissolve the gelatine in a tablespoon of raspberry juice. Heat the remainder of the juice and add it to the gelatine; stir until dissolved. Turn into a small glass or cup to harden. When ready to serve, turn out into a glass sauce dish and surround with whipped cream.

The food value of the water packed

fruits is figured the same as fresh fruits and they furnish many pleasing surprise dishes for a diabetic patient.

If food values are not memorized, a book, card or sheet of food values should be at hand. If this shows which foods are cooked and ready to serve and if the amounts are standardized, it is easy to use.

The next diet to be calculated will be a nephritic one in which the protein and salt will be low and the carbohydrate and fat will be high.

The Nurse's Recompense¹

BY SISTER M. IMELDINE

Is it for gold, this uniform of service,
The spotless garb of dignity you wear?
Is it just beauty's sake and beauty only,
Has set the snowy cap upon your hair?
Is it for these you spend long hours of labor?
No, sweeter far your recompense will be—
"Ye who have served the least of these, my brethren."

The Master said, "have ministered to me."

Is it, perchance, for fame you have come hither,

Seeking to comfort those in grief and pain?

¹ Written for the Holy Cross Hospital Alumnae Association *Bulletin* (Salt Lake City, Utah) by Sister Imeldine, a Sister of the Holy Cross who "by her loving, cheerful disposition, waiting for the Lord to call her home, has been a sermon of trust and service to every one who has entered her room."

Binding the wounds with healing touch and bringing

Health to the weary, suffering ones again?
No, not for praise your days of loving service,
Higher your ideal far than empty fame,
Yours be a blessing for the least you render—
"A cup of water given in My Name."

So not for gold nor fame nor yet for beauty,
This snowy garb of dignity you wear,
Down the dim aisles of pain-wracked souls of sorrow,

Your coming breathes a comfort as of prayer.

For in your life of consecrated service,

It is the Master's image that you see
In every soul—to you the words were spoken—

"Lo, I was sick and ye have visited me."



Child Welfare

Blessed are they who find poetry in women's hands, and in the love which scrubs, and brushes, and polishes, and washes, and mends, and sews, and darns, and cooks, and adorns, and plans, and suffers, and aches, and hopes, and fears, and waits, and yearns, and believes, and serves, and makes ends meet and tires not so long as strength holds out, and toils till the sky glimmers with stars, and till the wind of the night blows over the waves of the far, far sea.

F. J. GOULD,

In "The Calendar of the League of the Red Cross Societies," 1926.

Basic Care of Infants

Comments and Suggestions in Pediatric Nursing

By GLADYS SELLEW, R.N.

THE immediate aim of pediatric nursing is to assist the physician in making a sick child well. This, since even normal infancy and childhood are conditions in which expert nursing care is demanded, has been broadened to include the duty of keeping well children well. And, as children are subject to contagious and infectious disease, we must add to the foregoing objectives the prevention of spread of infection from child to child.

The second aim of pediatric nursing is to teach the student, the mother, or women interested in the physical care of children, how to carry out, not only the physician's orders, but the general rules of child hygiene. In other words, the second aim of pediatric nursing is to care for the child of the future.

Since we teach not only in the class room and in the wards but by force of example in the homes, there are few conditions under which we are called upon to nurse children where this second function of pediatric nursing is not involved.

With the end for which we work clearly in mind, let us consider the methods we may use; and since the question of how and what to teach the student nurse and others who desire instruction in the physical care of the child is of such magnitude that if we were to discuss it here there would be no space left for the consideration of other factors in pediatric nursing, let us omit the second phase of the problem and concentrate our attention upon the agencies which may be employed to gain the first or immediate end for which we work.

The Time Element in Nursing

Whether we are working in a hospital

or a home there must be correlation between the duties which we attempt to perform and the time allowed for the work. Nurses have frequently been misunderstood when they have stressed the length of time required to perform certain procedures. Physicians have felt (though their point of view is utterly illogical), that consideration of the time required implies a lazy desire to avoid work. Pediatric nursing, more than any other branch of nursing, has suffered from this erroneous point of view because so much of the work is that of general care;—bathing, changing the diaper, holding the infant while he takes his feeding, water or cereal. Since physicians do not participate in these fundamental procedures, they have no idea of the time involved or the nervous strain of perpetually dealing with the child's utter helplessness and inability to coöperate. These same physicians have a very clear idea of the time required for treatments.

To meet this difficulty, a fairly definite estimate must be made of the time required for the basic care each patient needs, as well as for carrying out the physician's orders. This, of course, varies under different conditions. Upon this information should be based the number of nurses required. After the estimate is made, to increase the ratio of work to nurses means that the work is slighted or the nurse is exploited. Haphazard slighting of necessary duties is far worse for both patient and nurse than a carefully planned revision of the care that the sick child is to receive. Simplicity of procedure and equipment means that more care can be given the patient. While this may not be true in private duty while the nurse is on the

case, it is generally true in the end, for the mother tries to follow what she has been taught by the nurse, and in the average home, the time element again becomes of importance.

The danger of neglect cannot be overestimated; but saving the nurse's time is the best known means to avert neglect of the patient. Simplicity of procedure, therefore, tends to make good nursing possible. It has another advantage: a child is worn out by long and involved procedures so we may say that simplicity is of double value.

Points on a Few Usual Procedures

The bulk of the procedures which we are called upon to perform are those which are required for both the *well* and the *sick* child. They must be modified to meet the needs of the individual infant and the wishes of the physician under whom the nurse is working, but general rules may be given to be altered as the nurse sees fit. In this group of procedures are included all those dealing with bathing, clothing, feeding, etc.

General Points on the Bath

The Bath. (Not a detailed procedure, just a few general points that may be of interest):

Do not wash the child's eyes with cotton balls dipped in water or boric acid unless there is a discharge.

Do not cleanse the nose or ears with cones of cotton or cotton swabs, unless there is a discharge to be wiped away. It is uncomfortable for the infant and a possible source of danger.

The face should be washed with a soft washcloth and clear water.

It is no longer routine procedure to retract the foreskin when cleansing the genitalia of the male infant. The wishes of the physician should be ascertained. In cleansing the genitalia of the female infant, many physicians object to the manipulation of cleansing between the

labia with cotton ball or swab, and rely for cleanliness on a more superficial and less stimulative cleansing with the wash-cloth.

The spray bath is of undoubted value where many children are to be cared for in a limited amount of time. Its greatest disadvantage is the possible spread of infection. I consider that the following routine is in accordance with the rules of aseptic nursing, but a break in the technic is more apt to be followed by unfortunate results than if the child were bathed in his own cubicle. It would not be practicable in a contagious ward.

Routine for Spray Bath

The following articles should be on a stand within easy reach of the nurse:

1. Jar of cotton balls.
2. Jar of cotton swabs.
3. Jar of liquid soap.
4. Jar of spoons with which to handle the liquid soap.
5. Jar to receive soiled spoons.
6. Paper bag or suitable receptacle to receive waste.

7. A few cotton balls and swabs upon a clean sheet of paper, to be used if necessary. If this is done, the central supply is not contaminated. If all the cotton balls and swabs upon this sheet of paper are not used, they may be placed in a jar provided for the purpose and later re-sterilized.

Upon the slab should be placed:

1. A soft pad covering the part of the slab next the sink.
2. A soft pad covering the central part of the slab.
3. A clean towel and washcloth in readiness.

The scale should be properly balanced and protected from contamination through contact with the child's body. If there is not a "clean nurse" available to weigh the infant after the nurse who is caring for him has placed him in the scales, the nurse working with him may use a piece of paper to protect the weights from her hand when weighing the infant. To remove the child from the scale, the nurse should lift the

infant and hold him upon her left arm, protected with his blanket, while she removes the diaper from the scale, touching only that portion of the diaper which she can grasp without contaminating the scale.

There is no unanimity of opinion in regard to the exact procedure of bathing the infant. I prefer to wash the face and head before undressing the infant. In this way unnecessary exposure is avoided and the nurse's hands are not soiled by handling soiled undergarments before touching the child's face. I also prefer to weigh the baby after the bath.

After the infant has been returned to his bed, the nurse washes her hands and removes her gown. She then washes the slab, being careful to wash the outer edge of the slab first, since that is the part which is least contaminated, and the rubber-tubing and spray-nozzle, before washing that portion of the slab which may have come into direct contact with the child. She then washes her hands and wipes the spray and slab, takes the contaminated spoon from the jar of soap (only the handle has been contaminated), and places it in the jar for soiled spoons, removes the contaminated cotton balls and applicators from the sheet of paper upon which they were placed at the beginning of the bath, either discarding them or placing them in a suitable receptacle to be re-sterilized and throws away the piece of paper upon which they have been lying. She then washes her hands and is ready to continue with the work of the ward. I prefer to have two nurses work together, one bathing the child while the other makes the bed and dresses him. It is rather difficult to dress the child at the slab, since his clothing is apt to become damp; or upon a dressing table in the bathroom, since this involves an extra pad or cloth to protect the table each time that an infant is laid upon it. I do not believe

that such a cloth can be safely folded, with the uncontaminated side in, and kept in the child's stand for future use upon the dressing table. Theoretically it sounds very well, but there is great opportunity for mistakes which pass unnoticed until the damage is done.

Clothing

(Just a Few Points and Suggestions)

The clothing should be simple, comfortable, and easily laundered. Expense is usually a factor. Infants' stockings tear readily and require constant replacement. Stockings of outing flannel are both economical and comfortable for infants and children who remain in bed. If they are dried in a tumbler they may be used rough-dried, though it is better to run them through the mangle.

If garments of different sizes are made of different colored materials, it facilitates the sorting of the linen.

Feeding

The decision as to the formula to be given the infant belongs unquestionably to the physician, but how to transfer the contents of the bottle to the infant's stomach is a problem that belongs to the nurse. The most common method of feeding the infant is to use the nursing bottle. The size of the hole in the nipple must be governed by the strength of the infant and the consistency of the feeding. The fluid should drop, not run. If the infant cannot take the bottle, the Breck feeder, the medicine dropper (tip protected by a short piece of rubber tubing), or spoon may be used. It may be necessary to gavage the infant.

If the infant is fed from the bottle, unless the physician orders otherwise, he should be held in the nurse's arms. Several times during the nursing period he should be held over the nurse's shoulder and gently patted on the back to aid in the eruption of gas.

The nipples should be cleansed with cold water immediately after use, and both nipples and bottles should be sterilized between feedings. Personally, I prefer to keep the nipples dry and in a sterile glass jar, rather than in any mild antiseptic.

The following method of sterilizing nipples is practical in both hospital and home:

Bring water to a boil in a saucepan (size, one quart or over). Salt may be added to the water to lessen the deleterious effect of boiling the rubber.

Lower the nipples into boiling water in an aluminum strainer of the type that is supported from the side of the sauce pan.

Boil nipples from three to five minutes.

Lift out the strainer and place the nipples in a suitable sterile receptacle.

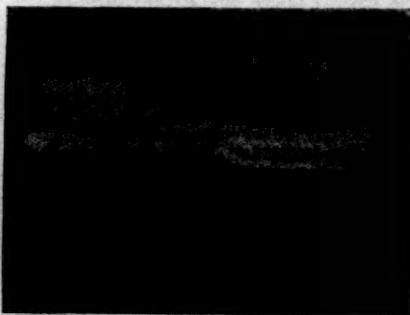
If the nipples are forgotten, and the water boils away, the nipples are not injured, since they do not touch the hot pan.

Bathing, clothing, feeding,—plain every day procedures such as must be carried out in every home where there are children! Yet they form the bulk of the work done in a pediatric ward. They are all too apt to be slighted in

favor of the seemingly more important, more urgent duties of giving medication and assisting the physician with infusions, sinus and lumbar punctures, etc. If there were but one fact that I could impress upon the minds of my students it would be this: Good hygiene must be assured, or the physician's skill is of slight avail. In my opinion it is because this fact is so often forgotten that we find children doing better in their homes than in hospitals. We must keep all that is good in the home and add to it the trained and skilful care that we alone can give. These procedures must be carefully studied, that they may be efficiently performed without consuming too much of the nurse's time.

This simple work does not require trained nursing care; much of it could be done by volunteer workers who desire experience in the physical care of the child. It would be interesting to have the opinion of pediatric nurses in regard to the value of attendants, volunteer workers, and students of other professions dealing with children, assisting with these basic procedures.

A Fracture Bed



Here is a bed which has been used for fracture cases and has given satisfaction at the University of Minnesota Hospital. The mattress is built in sections and is so constructed that the center pad can be withdrawn without friction when a bed pan is to be placed. The bed requires no special linen, as half sheets can be used for the two larger sections and pillow cases for the two center sections. The use of an electric fan for aeration in such cases seems wholly practical.

Opportunities in Floor Duty

BY GENE HARRISON, R.N.

THREE is no question but any nurse in a city, long and hard though her hours may be, can find ample opportunity for self-advancement, if she just makes up her mind to use to the best of her ability the little time that she can find. But there are many in the more isolated districts, nursing in homes or in very small hospitals, who would like from time to time to bring themselves and their methods more nearly up to the present standards. If they can afford to take postgraduate work in a large hospital School of Nursing, or in one of the University Schools, such as Teachers College, Columbia, well and good. But all too often these nurses have family obligations, or have given of themselves and their substance too freely to suffering humanity to make this expenditure possible.

For the nurse who finds herself in such position, that of wishing for the possibility of bringing herself up-to-date and of advancing in her chosen field, but yet without funds to carry out an elaborate plan, floor duty in a suitable hospital opens a veritable mine of opportunity, and gives the nurse a salary at the same time. For if the floor duty nurse shows eagerness and desire to learn and advance, if she is professional in every way, then the hospital will give her many things in return. Some schools have a special series of lectures for floor-duty nurses; others are planning such courses. And doubtless still more schools would be willing to arrange helpful lectures if the graduates on their staff showed themselves desirous of the same. This desire is manifested by the earnest graduate in attending every lecture and every professional meeting that is open to her, so far as it is humanly possible for her to do so.

Types of Experience

There are three types of hospitals using floor duty nurses. First, there is the special hospital, Nervous and Mental, Children's, Obstetrical, Tuberculosis, and perhaps most important of all, the hospital for Acute Infectious Diseases, if such contagious diseases are used as a means of teaching and if strict isolation technic is observed. Second, there is the general hospital which has no school, but hires graduates for the care of all patients. Then, third, there is the hospital in connection with which there is a real school, where graduates are employed in order that students need never be kept away from classes, and at the same time, every need of the patient may be met.

The last named type of institution is without doubt the best for the purpose of rounding out a general training. The special hospital may offer unlimited opportunities in its own field. The non-teaching institution may have excellent technic, and may give its patients the very best of care. The very fact, however, that it is a non-teaching institution limits its value to the graduate who wants to learn newer ways, for it is less apt to change methods of doing things than a hospital connected with a school. Also, though the doctors in the non-teaching institution may be absolutely up-to-date scientifically, there will not be lectures such as are found in the schools.

In the teaching institution, meaning the hospital connected with schools for both nurses and medical students, there are endless advantages for the floor duty nurse to learn if she so desires. As schools become able to secure earnest young women who show themselves ready to learn and to become of value

to the school, more and more opportunities will be opened.

Naturally, since the lectures by the doctors are given for the students, the graduate may not be able to attend just the lecture she most wants to hear. There may be too many student nurses on the division where she is located who are due at the same lecture, making it necessary for the graduate to stay on duty. It may not be possible to place her on a division where she might be able to attend more often. Yet if she does her part, this will sometimes be done.

In such an institution there are lectures at almost all hours of the day. There will be good things for her in all of them. Surely she can find many which she can attend on her hours off duty. This is speaking of the lectures given for student nurses. But in addition to these, there is often the privilege of attending lectures and clinics held for the medical students, or even for the medical staff itself.

Self Rewarding Service

If the floor duty nurse shows her earnestness by doing all in her power to learn and to use the standards and the technic of the school; if she shows her desire to learn by attending as many lectures as possible; if she tries in every way to help keep up the morale of the division on which she is stationed and also of the whole graduate body, she will find those in authority seeking the opportunity to give her more chances. They will be impressed by her earnestness, and, moreover, will keep her in mind for advancement in that institution, or for recommendation to another executive who may be seeking advice.

But of course it must be remembered that the graduate has her part to carry out. In this, as in all work, what she gets out of it will depend on what she puts into it. She must remember that

the school exists primarily for the student. She must remember that very often students will of necessity be placed over her; first, because the student must have some executive duties, and second, because the graduate may not yet be familiar enough with the routine of the division to enable her to take charge when the head nurse is off duty. The graduate must also remember that no work is beneath her dignity if she carries proper dignity with her. The necessary work of the ward must be done. Of course in this day and age, no reputable school expects nurses, student or graduate, to waste valuable time scrubbing and cleaning. But if such needs to be done at once and no maid or attendant is at hand to do it, no nurse worthy of the name would object to doing a bit of cleaning which is necessary to the well-being of the patients and the general good of the division.

Floor duty nurses sometimes complain at being asked to serve diets. Personally, we do not like to allow graduates to serve diets, not indeed because it is beneath them, but because it is experience too valuable to waste on any but an exceptionally appreciative floor duty nurse who is really desirous of learning. For today we know that diet, properly chosen, prepared and administered, is the most important factor in the care of the sick. The nurse who looks on it as merely "serving trays" is not to be trusted with such important work. So then, if a graduate floor duty nurse is trusted to serve diets when the student is off duty, she should consider it an honor and an opportunity.

If the graduate fails to fit in, objects to doing this, that and the other thing; if she occasionally fails to come on duty promptly; if she fails to read and heed all notices posted for her benefit; if, on a busy Sunday morning when only half the force is on, she calls up about nine o'clock and says that she is ill and

cannot work; (If she were ill there would have been no reason for her waiting so late to call and the supposition is that she overslept after a party or has a Sunday dinner engagement) if, then, the graduate shows no more sense of responsibility and cooperation than this, she can hardly expect schools to spend valuable time trying to make it possible for her to advance.

To sum it up briefly, here are a few rules which should prove of value to the nurse in the isolated community who wishes to brush up; for the graduate of a small or poorly equipped school who wishes to round out her education; for the recent graduate who wishes to prepare herself for future head nurse or supervisorship, but who must work for a salary while doing so:

1. Choose a teaching institution of good standing.
2. Promise to stay a specified length of time if asked to do so, and *keep your promise*.
3. Move cheerfully from division to division and from day to night duty as the

needs of the school demand. You had to do this as a student, and it will be as good for you now as then. (This, of course, unless you were hired for a specific type of work. Even then you should be willing to help out in an emergency.)

4. Learn the technic of the school at once, and never fail to use it. Your own method of carrying out a certain procedure may be just as good as that of the school for which you are working, but if it is not also their method, it should not be used; for only by having uniform methods can students be properly taught.

5. Attend as many lectures as possible. If you have three hours off duty each day, attend four or five a week, while if you have only two hours free each day, attend at least two or three each week.

6. Express your willingness to chaperone clinics. Watch for the important ones, and offer to give up an hour of your free time to do this, for nowhere will you find greater opportunity to learn than when watching a doctor demonstrate to the medical students on the patient.

7. In short, show by your earnestness that you are grasping every opportunity, and opportunity will come to you in abundance; her name is Legion.

In the Looking-Glass

[A letter from a student nurse to her mother. How this letter takes the "old grad" back to her student days! What food for thought it gives those who are unable to secure for all patients the individual and sympathetic attention every administrator desires for the patient and for the proper development of the nurse.—Editor.]

Saturday morning. I've been back four weeks today. They have simply flown.

EAR Ma:—I haven't written for a long time. I got the coat, shoes, your letters, and the check, thanks.

I'm working today, 7-10 and 2-9. I hate 2-9 worse than any other hours going. It's been H—I lately; just one wild rush after another. The ward is terribly busy—a lot of sick patients, not near enough nurses (we haven't enough in the hospital). We get the

deuce for working more than eight hours, but you know the work is there, and simply has to be done so some of us have been working 12 and 13 hours a day, others don't even do their part but I should think their consciences would hurt. And they are the ones that get credit, and believe me they see that they get it, too.

Yesterday I went in to see an ether patient (thank the Lord I wasn't specialing him). Well, I nearly died laughing! Bessie (the girl who was specialing, she is scared to death of them too) had braided his mustache on both sides while he was unconscious, because she didn't have anything to do, and had to stay with him. I shall never forget it, doesn't sound funny, but you should have seen it.

Within the last week I have done all these things:

1. Burned up a 10 c. c. syringe while sterilizing it.
2. Broken a large thermometer.
3. Lost a large compress down the sink pipe. (They don't have covers over the hole and the thing was all slimy and simply slid through my hands. I couldn't catch it anyway.)
4. Broke a thermometer holder.
5. Blew two fuses trying to fix poor old Henry's compresses at 10:30 at night. Put the whole ward in darkness. There I was with Henry's incision sterile and all open. I couldn't move a thing or myself for fear of unsterilizing everything. I was so scared I couldn't move, any way.

I don't feel a bit bad about any of it because I'm perfectly sure I've done as much as anyone could have done and, not flattering myself, a lot more than some have done. And it all was *not awkwardness*, Ma. I don't mind though, it doesn't worry me a bit, good training for my disposition, and Lord knows it needs it. It's so darn hard to handle things gracefully and keep everything sterile without hitting something. I haven't done anything but work, eat, and sleep for the last week, and don't expect to for a while. But I don't dislike it at all as long as I can sleep.

That girl from N. has gone home, that's all I know. She simply left, no one seems to know why or when, she just isn't here any more. I'm anxious to know why.

Was going to a show tonight and now I have to work; hope the Lord helps me, especially with Henry's compresses; a year ago I didn't know what a compress was, but now I could write a book on them. Guess maybe the Lord is through helping me. I haven't been able to go to church for two Sundays, and I ate meat at two meals yesterday, didn't know it was Friday till last night. I never know what day it is till I realize how quickly the weeks end up. Here's another one gone now.

Joan (the half wit, as Sister would say), who rooms with me is going on night duty tonight, so it will be one continuous tiptoe from the time I get off duty till I go on again in the daytime.

We have thirty patients on the ward and six nurses altogether. There are only two nurses on most of the day for all those. From 7-9 in the morning and from 5-7 at night all six are on to do them up for the day and night. And then the head and senior nurses don't have anything to do with that, so there are only four. Then hours have to be arranged so that no nurse is posted for more than eight hours, so you see we really are hard up for nurses.

Lots of things simply can't be done and aren't. An old Jew who has just had his leg cut off says we aren't nurses, we're bookkeepers. All we do is run to the desk and write something down, guess it's true, too. The poor things are always asking for little things which we *can't* bother to get, as much as we would like to, because there are so many other more important things to do.

We were all complaining, the other night, how here all it is, is lack of feeling, disregard of the individual, and simply work like the deuce under a routine. Where in other smaller hospitals you have time to regard the individual, make him comfortable and all that, but you will never learn, see, or come in contact with the unusual things you get here. And then after you get out of here the name B.— will just simply push you along in the professional world. I didn't know that, because I never heard much about the profession anyway, *only hearsay*—but you hear it everywhere—(not only B.— people). And that spirit of feeling for the individual is much more easily picked up after you get out than the things we get while training which smaller hospitals don't have. Why, I bet I have seen more unusual extreme operations (after

the operation has been done) than a good many graduate nurses have seen. There's a girl here whose mother is superintendent of a western hospital, and she says that hospitals in the West will wait for years for a B.— girl, and sign a contract with her for any

number of years simply because she comes from here, regardless of the girl. I guess there is no doubt about it, it means an awful lot, whether you like it or not. I guess it's worth anything to finish.

Write soon. Love.

M.

"In Service—Happiness"¹

BY KATHLEEN BURKE PEABODY

RECENTLY I sent to one of my dear minister friends a tale of Dean Swift. He was asked to preach a charity sermon in Dublin, and at the same time, mindful of some of his past lengthy discourses, the heads of the church tactfully requested him to be brief. This was his sermon:

"He who giveth to the poor, lendeth to the Lord." Brethren, you have heard the terms of the loan; if you are satisfied with the security, down with the dust.

It is reported in the records of the church that the largest collection for any charity was made that day.

Therefore with the memory of Dean Swift's success in my mind, I do not propose to make you too long an address. Nor do I want you to think that this speech is original. Most of the phrases I quote, I have either read or heard, but as they were helpful to me in my life, I pass them on to you.

There may be some amongst you who think no one should lay down laws for living and happiness until her hair is gray. Let us settle this point before I begin to do it myself. I have been thirty-five for a number of years; at any time I may decide to be thirty-six, so you see I am really quite old enough to give you advice.

Now as I have found it, life is a game of give and take, and the reason

some people do not get more out of it is because they take more than they give. I saw in a book the other day that many people were like sponges; they soaked up everything and gave out nothing unless they were squeezed and that in the process of squeezing they suffered unhappiness. There is much truth in this and there is still more truth in Barrie's remark,

Those who bring sunshine into the lives of others, cannot keep it from themselves.

I have therefore taken as the text of my talk to you, "In Service, Happiness."

Happiness is the natural flower of duty well performed, and duty largely consists of our service to our fellowmen. Men and women are undoubtedly the artificers of their own happiness and happiness depends less on the state of their fortunes than on their dispositions.

Happiness is no more the result of station, rank, or any local or adventitious circumstance in individuals, than a man's or woman's life is connected with the color of their clothes.

The mind is the seat of happiness and to make it so in reality, nothing is necessary but the value of a clean conscience, the knowledge of duty accomplished, and the true feeling that we have and still are justifying our existence.

To be happy is not only to be free from the pains of diseases of the body, but to be free from anxiety and vexation

¹Address delivered to the graduating class, Santa Barbara Cottage Hospital, Santa Barbara, California, 1925.

of spirit, not only to enjoy the pleasures of the heart but also peace of conscience and tranquility of mind.

Scientists have invented a machine that will magnify the human voice twelve thousand times, but no one has invented anything to still the voice of conscience. Listen we must to that small insistent voice, and in listening, service to our fellow men must necessarily result.

One of the greatest stumbling blocks in the road to happiness is discontent. There are those unfortunate individuals who are born grumblers and, what is worse, cultivate their natural talent for it. They are always a source of unhappiness to themselves and to others. My antidote against any symptoms of discontent, is work and more work. A mule cannot pull when he is kicking and he cannot kick when he is pulling. Neither can you. In other words, whilst you are busy there is no chance for discontent and unhappiness to creep into your lives.

It may seem strange to you that I should speak so strongly of work and more work at a time when you have just finished an arduous course of study.

It has been rightly said:

You will leave no footprints on the sands of time if you spend your time sitting down, and those who just wait for their ship to come in, when it arrives, find it a hardship.

There is no standing still in life, either our curve of happiness and success is rising, or else it is declining. Oliver Wendell Holmes said that the great thing in this world is not so much where we stand, as in what direction we are moving, if we wish to bring our ship into the port of success. We must sail sometimes with the wind, sometimes against it, but we must sail, not drift, nor lie at anchor. I would counsel you, therefore, to continue your studies even though there may come times when you feel it is not worth while, or when the

ingratitude of those you are trying to help makes your work seem particularly trying. It is then that you must call to your aid courage, another great help to happiness.

I was glad to see in a magazine the other day, a rhyme that I often quoted to myself as a child and which I recommend to you. It is taken from the poem about the old sea dog, Sir Andrew Barton:

Fight on, my men, said Sir Andrew Barton;
I am hurt, but I am not slain;
I will lie me down and bleed awhile
And then I'll rise and fight again.

You will certainly have your moments of depression when your heart will bleed awhile, but see to it that you train yourselves "to rise and fight again."

I am not always entirely in sympathy with St. Paul; he had not the proper amount of respect for our sex, but in this connection I would quote from him. "I received forty stripes save one," he says; "thrice was I beaten with rods, once was I stoned, thrice I suffered shipwreck, a night and a day have I been in the deep" . . . Yet no faltering, and he adds with justifiable pride:

I have fought the good fight; I have finished my course; I have kept the faith.

So with courage, in spite of adversity and opposition that come to us all, we can make "a good fight," finish our course, keep the faith.

You will find, too, in this life of service for others that lies ahead of you, that personal cheerfulness is an enormous asset. It takes thirteen muscles to smile and sixty-four to frown, so why go to all that extra trouble, just to look ugly. Smile whenever you feel you can, and sometimes when you feel you cannot. A sense of humor is the oil of life's engine, without it the machinery creaks and groans.

Say a kind word on every possible occasion, or try to be silent. Kind words cost very little to mint and really

have a great purchasing power. They buy happiness for others and for ourselves as well. Above all be careful of how you speak of others. There is another of my favorite jingles that fits in rather aptly here:

Whenever you speak of anyone,
Be sure to have a care,
Of whom you speak,
To whom you speak,
And how, and when, and where.

Too often an unkind word we speak of another returns as a boomerang and causes us unhappiness.

Far be it from me to suggest to you to be untruthful, but if an occasion arises when you must speak, if you cannot say good of anyone, try to be evasive. Lord Minto, Viceroy of India, gives a splendid example of evasiveness. He said recently that nothing could surpass in delicacy the reply made to him by one of his native servants. "Well, what kind of sport did our guest have?" he asked of the man who had acted as gunbearer to a visitor. "Oh!" replied the scrupulously polite Hindu, "the young Sahib shot wonderfully, but Providence was very merciful to the birds."

Be tolerant and loath to criticize. The war broke down much of religious intolerance. I remember the story of the Jewish Rabbi and the Catholic Priest who found themselves billeted together with one bed between them. Quoth the Rabbi to the Priest: "Comrade, I believe this is the first time that the Old Testament and the New Testament have lain down in the same bed together."

But when I speak of tolerance I mean not only religious tolerance, but a willingness to allow others the right to think and act differently from ourselves and still believe in them and respect them.

When a dear old lady went for a ride, the first time, in a taxicab, she bent over

and hit the driver with her umbrella, saying: "Young man, you keep your hands on the wheel, there is no need for you to put out your hand as we turn each corner to see if it is raining. I'll look out for the rain, and you look out for the driving." Some of us are a little like the old lady; because we do not understand, we criticise, but if we leave other people to mind their own business, and incidentally mind our own, we are much more likely to be happy.

Cheerfulness, kind words, and tolerance should play important parts in our service to our fellowmen and they gain for us affection. It is for our happiness that others should think well of us and esteem us. The paper of a small middle western town recently published the following notice:

This paper will be delighted to publish free of charge notices of the deaths of any of our prominent citizens.

The good editor did not mean quite what he said, but there are many who die and are not missed and I would wish you so to live that when your sands of life are run it may be said of you, "None knew her but to love her. If you did not love her, it was because you did not know her."

I am not aware in what community you will work, but one important piece of advice I would give you is to make the place where you are your home. Home is not what is around you, but what is inside you, and just what constitutes home depends on your own attitude towards the place where you may be. When a cowboy from Wyoming returned from a trip to New York his friends asked him how he found the great city. "I guess it is all right," he replied, "but it's too darned far from everywhere for my liking." Wyoming was home to him and consequently he was happiest there.

It is possible for us to adapt ourselves

to all conditions and even find good in them. I remember asking a French soldier in a trench before Verdun if he wasn't tired of being there, with the hot July sun pouring down on him. "I am tired of it," he said, "but just think, it might be worse. This is the time of year that, in the normal course of events, I would be at the seaside with my mother-in-law." So for your own happiness try to see the best of it and find some reason for liking the place where you are.

Looking back over the years of my life, if asked what had given me the greatest happiness, I should say: "The love of my fellow men (especially one fellow-man) and work." Happiness from your work will come rather from what you put into it, than what you get out of it. That means your work must be good and thorough. Dickens said:

Whatever I have tried to do in my life, I have tried to do with all my heart, I have always been in earnest.

and Carlyle wrote:

All true work is sacred; in all true work, be it even hand labor, there is something divine. Labor, wide as the earth, has its summit in heaven.

May the thoughts of these two eminent men make you feel that your work is divine.

Thank God every morning when you get up that you have something to do—whether the task be congenial or not. Being forced to work and forced to do your best will breed in you strength of character, cheerfulness and content, and a hundred virtues and much happiness the idle will never know.

In conclusion there is one war story I would like to tell you. I was with

General Petain at Verdun when the French caricaturist Forain came to visit him. He had just attended the funeral of a mutual friend, the son of the French Deputy, Denis Cochon. Petain asked for details of the funeral service and Forain answered him:

You know how Cochon died. He was found shot dead at the foot of a wayside crucifix, where he had knelt down to bandage the wounds of a comrade. Well, this is the sermon his Colonel preached over his grave, the most beautiful I think I have ever heard: "My friends, we are gathered here today to bury Denis Cochon. He fell dead at the foot of a crucifix trying to serve one of his fellow men. The merciful Christ was on the cross above him with his arms outstretched to welcome him; why should we pity him?"

Certainly there is no pity, on the contrary we should have nothing but envy for those people, who, like yourselves, are capable of serving their fellow men. The world holds them in a place apart. The men who invent engines of war or machines of destruction are forgotten, but the name of Pasteur and those who like him gave their lives to the service of humanity, will live on forever in the memories of the peoples of the earth.

Pause a minute, all you who pass this way and think awhile, was there ever glory like unto mine?

was the inscription I read on the tomb of a soldier who died trying to save a comrade. There is no greater glory than to live and die in the service of others, so I envy you seventeen girls who by your training are ready and willing to help your fellow men. All that I wish you is health. I do not need to wish you happiness. You will find

In Service, Happiness

EDITORIALS

The Health Congress

AN impossible plan! A fine demonstration of coöperation! A thrilling conception! These are only a few of the things that have been said of the Health Congress which, as all the nursing world now knows, is to be a combined meeting of the Biennial of the three nursing organizations with the National Health Council which has sixteen member organizations. It is not an impossible plan and it is a truly thrilling thing. At National Headquarters, every bit of arrangements, program, and publicity machinery has been geared to top speed. New committees have been formed and one or two experts have been added to the staff of the Health Council and an always busy place is working overtime to make the Congress a brilliant success. Preliminary plans for the very comprehensive program have already been announced, in the *Journal* and elsewhere, and some notable speakers are already assured.

Much time is being spent on plans for exhibits and it is expected that the huge exhibit hall on the Steel Pier will not only present a gala appearance, but will contain a vast deal of interesting and useful information.

How often have we said, "Every nurse is a public health nurse!" Here is an opportunity for nurses in all branches to obtain a comprehensive view of the health work of this country—for good observers to secure a veritable post-graduate course which will be helpful to them in any type of nursing. Every exhibit, whether commercial or educational, will be educational in intent and practically all will have a particular appeal for nurses.

The attractions of Atlantic City are too well known to be enumerated. From far and near, at home and abroad,

thousands of nurses will swoop down upon that convention city *par excellence* for the third week in May. It is high time to complete your plans—for every nurse who can possibly spare the time and the money will want to attend the first National Health Congress and the greatest nursing convention yet planned.

Our New Dress

THE *Journal* certainly got itself talked about when it changed its dress! Putting on a bustle in the era of slender figures couldn't have done more! Many are the comments that come to the editors and of course there are many that we know not of. Two kinds of people write to us. Those that *do* and those that *don't* like it. Half-way folk don't bother to write to the editors.

The *do*'s very far outnumber the *don't*'s. But what of the *don't*'s? Say many of them: "We don't like changes," forgetting that "the old order changeth" is the law of life! Say others: "The design is all right, but we don't like the color." Of course not! We are reminded of the small person who, when asked her favorite color, replied, "plaid." Only in plaid could we have given every color preference a place. There is enough Scotch blood in the *Journal* family to make us believe that plaid has a place, but not on a magazine! Seriously speaking, although it seemed wise to use a somewhat less sombre tint, it seemed important to keep green what had for so long been affectionately called the "Green *Journal*." Unfortunately the choice of green shades in paper is limited.

As we said in January, all of the changes in the *Journal*, including the new cover, were the result of the most

careful thought with the usefulness of the magazine as the basis for every discussion. The pages are more easily read than ever before, a real consideration for many nurses. The cover now emphasizes *Nursing*, as it rightly should, for it stands for the profession of nursing and its service, whereas journals are legion. The emphasis on a few articles each month gives even the most hurried an idea of the contents, while the index on the white paper of page two is vastly more easily read than the old one ever was.

Every point, let us say again, was thought out with only one object, that of making the magazine more attractive and more easily read. We believe that even the most critical will be like the candid friend who wrote that, after telling the world that she did not like the new cover because it was like losing a friend to have it changed, she went over to her City Club and the new *Journal* looked so much better on the library table with other magazines than the old one ever had, that she decided that probably those responsible for the change were right after all.

People talk and write only of what interests them! We rejoice mightily at the interest in the *Journal*.

Registries

THE *Journal* "made a bull's-eye" with the articles on private duty, group nursing, the distribution of nurses, and official registries in the last three issues. Nurses everywhere who were not already concerned have been set thinking and talking of the problem of securing better community service through better conditions for private duty nurses. It seems clear that neither of these results can be secured without the other.

What of that problem of distribution? Conferences with or letters and reports from registrars all over the coun-

try indicate a seasonal ebb and flow of demand, but, just as it is possible for one hospital in a city to be extremely busy while another has empty beds, so is it possible, because of our poor methods of distribution, for some nurses to wait anxiously for calls while others have more than they can respond to. The moment this happens, a cry of shortage goes up! No system can overcome this entirely. "Peak loads" will always be hard to carry. The human equation being as it is, some nurses will always be more in demand than others, but the *Journal* believes that a very great adjustment of personnel and of hours of actual nursing can be brought about by wise centralized distribution of service of all types with greater satisfaction to all concerned.

It is obvious that, even though our seventy-five or more official registries were functioning in the broadest possible way, the problem would not be solved. Many more ethical registries where nursing activities can be concentrated are needed. All should be more closely linked together. Many of those in existence need to expand their service. For example, there is something wrong with the system when a city actually has a considerable number of hourly nurses, but the official registry knows nothing of them and is unaware of the need of such service. Think of the advantage to nurses and to patients of coördinating this demand and supply. What is true of this one specialty is true of others.

The trend of thinking everywhere is toward a more highly developed type of registry than is now common. The recent development in Buffalo, for example, is extremely promising. Some months ago, the Alumnae Association of the General Hospital, which owned its own registry, invited various interested groups to discuss the advisability of forming an official registry. With only

one exception, the Alumnae Associations of the city agreed to support such a registry. Out of many conferences with alumnae and hospital representatives has come the Nurses' Official Registry of Buffalo with a governing board "made up of one representative from each coöperating Alumnae Association, the President of the District Nursing Association, the President of the local League of Nursing Education, one representative from District One, and an equal number of representatives from the medical profession and laity combined." Time was when the nursing profession would have risen up in horror at such a scheme. We believe it is now a healthful sign of the times.

We run serious risk of being misinformed when we depend upon hearsay and many of the hurts and misunderstandings between doctors and nurses, or nurses and the public, are based on tales which are considerably more than "twicetold." There is much to be said for having the point of view of "the consumer" directly represented on the boards of our registries. It seems a way of clearing up many misunderstandings. It would bring home to nurses the fact that a nurse who, by preparation, temperament, or personality, is unsuited for work with particular types of cases, cannot be long supplied to physicians doing that particular type of work. It would cause the lay representatives to consider the serious economic and other problems of nurses who are not mere pawns to be moved about only on the volition of some higher power, but women whose livelihood and happiness are at stake. The Buffalo Registry carries all classes of nurses and is so closely allied to the District Nursing Association, that it handles its night (including maternity) and Sunday calls. The women back of this movement admit that they have learned much from other organizations such as that

at Detroit where there has long been an unusual coördination of services.

It was in Springfield, Missouri, that a registrar said, "Oh, yes, *all* the nurses register here at the Official Registry. We have three alumnae associations and there are some 'outside' nurses. The total number is barely large enough to support the registry but *we all work together, for it is needed.*"

A Sign of the Times

MEDICAL societies have long been looked upon as conservative and exclusive organizations. The recent announcement that one of the oldest, the Medical Society of the County of Kings (Brooklyn) proposes, if acceptable to the New York State Medical Association of which it is a component member, to admit associate members is significant of a radical change in thought. The members believe that such membership will "create friends of medical progress and enable the public to help organized medicine attack unqualified practitioners and harmful methods."

If this plan is adopted, some nurses would be eligible for associate membership. The mind leaps to a vision of the day when many of the misunderstandings between medicine and nursing shall have been swept away by such opportunities for discussion.

We understand that provision is made for associate members by a few other medical societies including the Philadelphia County Medical Society, the Cleveland Academy of Medicine, and the Wayne County Medical Society (Detroit).

More and more do we find that the surest way to avoid misunderstandings is to tear down the fences that have been built up through intense group consciousness in order that groups, in this instance medicine and nursing, may

meet on the common ground of mutual interests while maintaining to the full the privileges that belong peculiarly to each.

We rejoice exceedingly at such evidences of a genuinely co-operative spirit.

Who's Who

THE *Journal* is never at a loss for ideas for its "Who's Who." We had not begun to exhaust our national resources when it was borne in upon the editors that, in most states, there are women who have quietly rendered professional service of a high order who are too little known outside their own states. Presto! Upon the heels of the idea, a series of letters was sent to state associations. Promptly came back a flood of suggestions. Indeed they did have women who have done and are doing stalwart service! women to whom patients and nurses owe debts which can never be paid, women whom they would love to see honored by a place in the *Journal's* "Who's Who." And so, for a year past, we have devoted the space to those states that had previously had little representation. It is a plan the editors will adhere to throughout this year, for we know how eagerly each of the 48 states watches for the appearance of its own particular and beloved leaders in "Who's Who." What thrilling stories lie between the lines of those compact little statements. What a record of persistent effort they contain. The modesty of the allotted space is in accord with the modesty of the women presented—not with their spirit. No *Journal* will ever be big enough to present in detail the contribution to human welfare of these women.

The A. N. A. and Its Funds

NO! She doesn't belong to anybody or anything, we just happened to find her!" So said a Red Cross worker of a friendless nurse

who is completely "down and out," and who probably will need care for the rest of her life.

The dreadful tragedy of that "we just happened to find her!" The stories of the illness and unhappiness of nurses known to all administrators of large groups of nurses, such as the V. N. A.'s, the Army Nurse Corps and others are pathetic enough in all conscience. We often wonder about those whom no one "happens to find." So much unhappiness is needless. No nurse need ever be friendless. She need only maintain her membership in Alumnae and District Association to be eligible for membership, with its wealth of privilege, in the American Nurses' Association.

The nurse with a host of friends sees no argument in this until perhaps her own life touches that of the "down and out." Then a comprehension of the meaning of membership in nursing organizations begins to dawn upon her. The analysis of the Relief Fund, published in this issue is extremely interesting. Seventy-nine women are now receiving aid from their sister nurses which is no more charity than if it came from blood brothers; for the splendid total of the Fund has been built up, dollar by dollar, by the gifts of nurses. Doubtless many of those now receiving aid have themselves been contributors and by some unkind twist of Fortune's wheel now find themselves in need. The appreciation of some of these women for the help given by the Fund is a thing to make the heart of any nurse glad—to make any nurse proud of her national organization.

Nor is it always the nurse who is down and out who needs help. Frequently it is the ambitious young woman who is eager to fit herself for more advanced work and who has not been able to save much money. For such as these the Robb Scholarship Fund and the McIsaac Loan Fund exist.

All of these funds are tangible expressions of the marvellous cohesion of nurses. Their blessings fall alike upon those who receive and those who give. They furnish one argument for sustained membership in the A. N. A. Many other arguments are equally sound and all are based on that feeling of nurse for nurse that is the very warp of our professional life.

It is important that every student nurse should know of the A. N. A., of its influence, of its power to assist in time of need, of its effect on the status of our profession, and of the satisfaction of belonging to so great a body of ardent and kindred souls. It is important that the way shall be made easy for her to enter the Association and that she be so welcomed that a lapse from membership will be unthinkable.

Summer Courses

WHERE are you going for summer work? Not so long ago few asked and still fewer considered the question, and in all the country there were courses only at Teachers College, New York. Today the question is answered by hundreds of nurses each year. The time has gone by when administrators and teachers are long acceptable if they are too unambitious to secure advance preparation.

Many of those who will attend this year have been stimulated by institutes. Others are marching toward the objective of a degree and will seize the opportunity to secure a few more points and to obtain valuable courses. Many will have a very definite object. They will want courses in teaching or administration which will help them with their daily tasks. The offerings this year are particularly generous and it is fortunate that it is so, for the demand is very great. Particularly is this true of the demand for women qualified to teach; it is insatiable; and when we say qualified we mean women with adequate professional and academic education and with the spiritual force to become true leaders in their communities.

Funds for summer work have been painstakingly saved or perhaps borrowed on the sound assumption that money spent in education is money well invested.

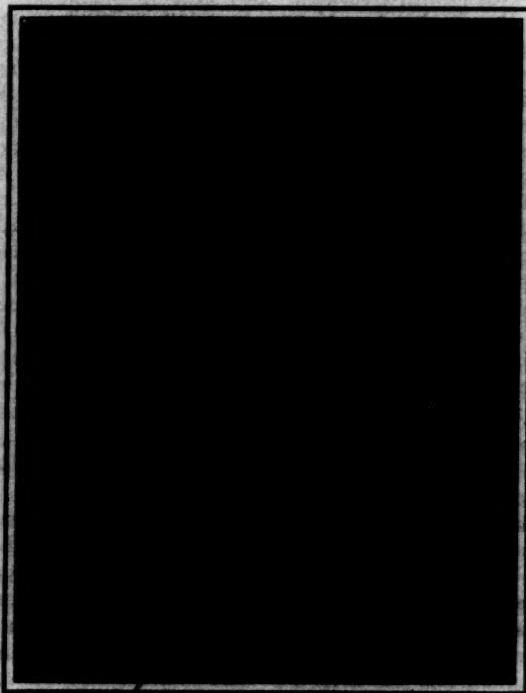
We hope the Announcements in this and the April *Journal* will set many nurses to writing to the various universities offering courses. Even the most cautious should find what she wants in content, atmosphere and climate, for already California, Florida, Illinois and Tennessee have made their announcements.



"If doctors were forced to relinquish all methods of therapy except one, I think that one would be good nursing." . . . "Physicians and nurses should not only be mutually helpful but should always maintain a liaison if they wish to succeed and progress. The two professions are like the legs of an architect's compass, useless unless united."

—ELLIOTT C. CUTLER, MD., F.A.C.S.

Who's Who in the Nursing World



"*LVE. ANNA M. COLEMAN*

BIRTHPLACE: Peterboro, Ontario. PARENTAGE: English. PRELIMINARY EDUCATION: High School. PROFESSIONAL EDUCATION: Toronto General Hospital and Hospital Economics Course, Teachers College, New York. POSITIONS HELD: Superintendent of Saginaw General Hospital and School of Nursing, Saginaw, Mich., twelve years; Director Fresh Air Farm, Henry Street Settlement, New York, three years; Inspector of schools of nursing in Michigan, ten years; Director School of Nursing, Butterworth Hospital, Grand Rapids,

Mich., one year. OFFICES HELD: Secretary Michigan State Nurses' Association, two years; Treasurer, Michigan State Nurses' Association, four years; President Michigan State League of Nursing Education, two years; Treasurer Michigan State League of Nursing Education, eight years; Member Michigan Board of Registration of Nurses; Secretary Michigan State Committee Red Cross Nursing Service. Miss Coleman represented the Michigan State Nurses' Association at the International Congress of Nurses, London, England, in 1909.

Department of Nursing Education

LAURA R. LOGAN, R.N., *Department Editor*

How and What To Teach in Nursing Ethics¹

By BEULAH CRAWFORD, R.N.

HERE is probably no one subject in our curriculum which is a greater mountain in our path than this, none which presents more difficulties, yet none which we discuss more frequently, and toward the conclusion and solving of which we seem to arrive no nearer. Possibly one reason for this is the largeness and the vagueness of the subject. We often hear it said, "Such and such a nurse is unethical," and yet we do not know how to proceed to turn out only ethical nurses from our own institutions.

Without attempting to cover the whole range of possibilities in the subject of Nursing Ethics, I shall deem it sufficient on this occasion to touch on some of the essential principles which have impressed themselves on me, for in the last analysis, how and what we teach will be to a great extent an expression of our own individual personalities, and what of these we are able to project into our pupils. The things that to us are important are the things that we will emphasize to them. It matters so little what we say about the other things. It is those matters about which we have convictions, those ideals that we really live, or try to, that we can get over to others, i.e., teach.

In the beginning, we had best make clear our terminology. The term Ethics is often confounded with that of Etiquette. Ethics is the broader term, embracing moral principles, the ideas of right and wrong, more especially ap-

plied to the life of a nurse. It also includes what should be known more explicitly as nursing etiquette, meaning those things which are fitting and proper according to the rules of the hospital. For infraction of the latter, a nurse is subjected to criticism by the hospital family; for infraction of the former, she is judged as a human being, a far more important item in the long run. Consequently, in the end, it is the character of the nurse which makes her; if she has the right principles she will not go far wrong in the minor matters.

What are some of those things which we all believe must be taught our nurses? I am sure you will agree with me that there is no gainsaying the following facts:

The new pupil nurse needs to learn to think in terms of a group, to recognize herself as one of a little community, and in a measure, to merge her individuality into that of her group. I think we may safely say that the entire three-year period is a process of orientation, but no doubt the most difficult time of adjustment is that of the first few months, and it is during that period that we usually give our Ethics course.

The process of adjustment for the new nurse includes, among many other things: (a) Leaving home, taking up a strange life in strange surroundings, involving, no doubt, homesickness; (b) school life different from that of high school; (c) sharing the privacy of her room, probably, with a room mate, and coöoperating with her in its care; (d) living according to definite rules, hours for getting up, eating, coming in at night,

¹Read at the League section of the Iowa State Nurses' Association at Davenport, Iowa, October 19, 1925.

going to bed; (e) wearing a uniform, like every one else; (f) accepting directions and criticism without question,—what a cross for some! (g) having requests refused sometimes,—what a blow to the spoiled child! (h) learning when and where and how much to talk, as well as to whom,—the fitness of things; (i) accepting the fact that there must be rules to keep the community life running as it ought; (j) learning to be quiet on duty and off; (k) learning that training is to be a period of habit-forming; (l) learning, finally, that she is one small cog in a very large machine. Alas, how well she is sometimes forced to learn this last!

In order to steer her craft safely on the stormy seas of a course in nursing, the new member of the family needs to be told what elements we consider essential for the making-up of that desideratum,—the ideal, the ethical nurse. Of the many that I might mention, I have selected thirteen points to emphasize, which I feel are indispensable:

1. Good breeding, good manners, courtesy, the basis of which is unselfish consideration for others.
2. Teachableness, — including an open-minded attitude (a) about facts, (b) toward criticism.
3. Sound moral principles.
4. Health,—presented from the standpoint of (a) the nurse herself, (b) fairness to her companions, (c) fairness to the patient, (d) respect for the human body as the dwelling-place of the mind and spirit.
5. Acceptance of authority,—so lacking in many of the youth of today, obedience, deference.
6. Spirit of loyalty to the thing one is engaged in doing. She should be a good sport, and be ready to see the thing through, and to fight for it if necessary, having decided it is the thing to do.
7. Adaptability to new and sometimes adverse conditions,—food, living conditions, "creature comforts." This includes cheerfulness and a sense of humor; both of which are needed if a nurse is going to do private duty, or if she plans to live in an institution.

8. Industry. There should be no place in the hospital for a lazy nurse.

9. Neatness and personal cleanliness, so absolutely essential and yet how difficult it sometimes is to talk about these to nurses.

10. Honesty, e.g., in charting, willingness to face issues, not passing the blame to some one else.

11. Responsibility and dependability. Responsibility for tasks assigned and for property, both of hospital and of patient, guarding it as her own. She should not be the kind of nurse who never can be found when wanted, whose promises mean nothing, whose word cannot be depended upon.

12. Observation, connoting interest and thoughtfulness, all closely allied and interdependent, all meaning increased opportunities and the utilization of them for rendering service to patients.

13. Judgment in the use of the tongue. Through an accident this is number thirteen, yet perhaps there is a strange appropriateness about it, for perhaps nothing causes so many nurses ill luck as a misuse of their tongues. For no other one thing have I heard more criticism of nurses than for their unwise talk. (a) Subjects unsuitable for the sick-room surely include the discussion more than necessary of the patient's condition; gossip about other patients, doctors, other nurses, the hospital administration; boasting of the lives you have saved, and recounting the hard cases you have had; personal matters of either the patient or yourself. (b) Public places, such as the theater, the street car, and social gatherings, ought not to be the setting for chatter about one's work in a way that will bring unpleasant notice. One instance comes vividly to my mind when a group of women came bustling into seats directly behind me at the theater. Before they were well settled in their places, I had heard much mention of the name of their Superintendent, and it was easy to identify them as a group of supervisors from a neighboring hospital in the city. Their conversation could have been heard a number of seats away. Another occurrence caused me considerable inward amusement, when I overheard a recital of an incident from the hospital by a "special" at the hair-dresser's. Great was her consternation when I stepped from behind the scenes, and I am sure she learned her lesson. She never quite recovered from her embarrassment. Instances might be multiplied, and might be cited by all of us. (c) So much for the "Don'ts." We ought to cultivate the ability to talk about other things

than professional matters. The mind should be filled with information along other lines, through broadening the interest and vision. One cannot talk if there is nothing in one's mind. Reading daily papers, magazines, and good books, also going to desirable places of entertainment help one to remember that there is a world, big and broad and important, outside the nursing world. Everybody has a few minutes a day to read something worth while, or to cultivate some person worth while. Nurses are severely criticised for their narrowness, and shop talk. Another thing,—if our students make mistakes in grammar, they should be corrected, and taught not to slaughter their mother tongue.

I said earlier that the nurse needs to learn that she is a member of a hospital group, often thought of as the hospital family. In order to find her rightful place in this family, she needs to consider herself with relation to several classes of people. She has her individual adjustment and attitude to determine to the following: (a) The head of the school, the Director or Principal; (b) the various school officers or assistants; (c) the administrative staff; (d) graduate nurses in general; (e) doctors, —staff, and internes, if any; (f) fellow students, older, of the same class, and younger; (g) employees of both sexes; (h) patients; (i) visitors.

The relative importance of these relations depends much on circumstances. The student must never be allowed to forget, in her zeal to please her instructors, supervisors, and doctors, and to be popular with her co-workers, that the patient is the chief consideration, the *raison d'être* of the hospital. But for the sick person, there would be no hospital, no doctors, no training. To the patient's welfare all else must be subordinated. The moment this fact is lost sight of, that moment nursing has forgotten the purpose of its existence.

In connection with the importance of the patient, I should like to emphasize the necessity of guarding confidences of patients, and of protecting their per-

sonal property against loss or harm. I know of nothing which more frequently makes difficulty between patients and hospitals, than the loss of personal belongings, money, clothing, etc. It sometimes seems of little intrinsic value, but its loss causes the public, upon whom we must depend for our very existence, to lose confidence in us.

I think we should try to teach our nurses not to waste hospital property, and to have respect *for* property. Nurses in private homes are often criticised for not being more economical of household equipment. We can help in this, I think, by discussing the question and having them investigate the cost of articles about them.

The extravagance of nurses is frequently cited as one of their cardinal sins. Students should be exhorted not to belong to that group of women who save nothing, are poor business women, put everything on their backs, run big accounts at the stores, spend their salaries before they are earned, and are always on the rocks.

Students should be taught the value of coöperation. There is nothing which means more in the smooth running of any institution. Loyalty in word and deed is another thing which cannot be over-stressed. Many otherwise well trained nurses are deficient in this respect. Their chief interest is in self-advancement even at the expense of the organization.

I believe we should show our sympathy with our students. They like to know that we have been through the same things as they.

In thinking over the unethical things I have had personally to criticise, the following are some of those I have noted: (1) Wearing the uniform in unsuitable places; advertising themselves as nurses both by uniform and by conversation of an injudicious sort; (2) going to sleep on night duty; (3)

failing to read orders; (4) failing to carry out orders because "too busy"; (5) questionable relations with patients; (6) accepting fees and gifts from patients. An example of this which I recall is that of a mother with three young children whose husband had been unfortunate; as a result she had taken up nurses' training. I am told that her three children were frequently a means of her extracting sympathy and fees from her patients, a fact of which she boasted afterward. (7) Allowing hospital matters to get into the newspapers, to the advantage of nobody; (8) borrowing money of the doctors, and putting themselves under embarrassing obligations; (9) dishonesty among students—money, silk stockings, and uniforms being most notable losses; (10) carrying hospital property to rooms, especially linen for beds, towels, blankets, hot water bottles, food; (11) moral delinquencies and breaking house rules, with which we are all familiar.

Ethics, while it is one of those vague subjects so hard to define and limit, is the one great inspirational course we have, the chief place where we can point ideals and try to present the noblest things in our profession. Some practical minded people think this part of the program is all sentiment, but where should we get, in this world, without ideals, however far we fail in attaining them?

For this reason, in my preliminary classes, I always have the students write out for me, exactly what led them to take up nursing work, and what they hope to attain thereby, whether their ambition be worthy or not. Sometimes, I think it helps them to clarify their own ideas, and to set before them something they will remember and use as a guide in their whole course. For the same reason, I also have each write out a description of her ideal nurse, and then discuss these in class afterward.

I believe that one most effectual method of teaching ethics is by personal conference, especially during the first few months.

Rather than giving all our talks on ethics in the early part of the preliminary period, I feel it is more satisfactory to have them interspersed throughout the three years, having them relate to the stage of the nurse's course. I have made it a point to accompany certain occasions with a talk on its importance and significance; e.g., when the preliminary students receive their caps and bibs, if that is done; when they are accepted as nurses; and to the seniors when they are advanced to that honored state, if you give them a black band or any other insignia. Along with the honor, there is a splendid opportunity to impress certain facts on them. It is a good time for them to check up, to see whether they are attaining the skill, dignity, and poise expected at that stage. Seniors should have some preparation for their life after graduation, especially on private duty both in homes and in hospitals. They should be taught the obligation of joining their alumnae organizations, also the national organizations, as a form of loyalty to their own schools, and also to create a group feeling for the profession in which they are engaged. They should be taught the duty of continued loyalty to the hospital which made it possible for them to become registered nurses, even after they are no longer dependent upon it. They should ask themselves the questions: What shall I be worth when I get through? Shall I reflect credit on my school and hospital?

In conclusion, let me say that we have, as teachers, a very vital element to consider, the pupil herself. What human beings become depends upon tendencies which are born in them and trained into them at home, quite as much as upon those things they are taught in the

classroom. Nature, as well as nurture, forms human intellect and character. To try to teach students without paying heed to the equipment of instincts and capacities which they already possess, would be as foolish as to try to sail a boat regardless of the direction of the wind, or to try to build a house without taking into account the materials on hand.

Take a student from a background of culture, home training in the finer things, refinement, courteous manners, with some knowledge of men and books, open-minded, receptive, and then place over against her the one with a lack of all these, no refining home influences or social graces, and you have your problem,—to make ethical nurses out of both. What is the result? Will any pouring in of rules, principles, and noble thoughts ever make the second like the first? What is the answer? Must we not look more and more to the innate qualities of our nurses? Can we make bricks without straw?

The magnitude of our task makes us hesitate, when we consider what we are attempting to do—one of the biggest tasks as well as one of the biggest opportunities the world can offer, to attempt to mold and direct the development of human nature.



The League Calendar

Just short of 13,000 copies of the 1926 Calendar, "The Nurse in Poetry," published by the National League of Nursing Education, have been circulated this year (the exact figures with state distribution will be published in the April *Journal*). Because of the widespread and interested response it is planned to continue this series in a 1927 Calendar, "The Hospital in Poetry and Prose." The Publications Committee is determined to make the 1927 Calendar, "a very gem of a Calendar," both in content and as an artistic production, and to this end has already begun the work of searching out rare and beautiful material.

MARCH, 1926

Suggestions will be welcomed by the Committee and should be sent to the Chairman, Blanche Pfefferkorn, Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City.



Nursing Service in the Out-Patient Department

All nursing executives, instructors, and administrators concerned with nursing service in the out-patient department are urged to get in touch with Mary B. Hulsizer, 17 West Forty-third Street, New York City.

Following the recent study, "The Nurse and Nursing Service in the Out-Patient Department," made by the committee of the National League of Nursing Education, Miss Hulsizer was appointed to assist the committee in connection with further studies. The Committee on Dispensary Development which financed the original study is continuing to cooperate. The problems which have come to light and the interest which has been aroused through the report indicate the need for further study and experimentation.

The Committee of the League will be very glad to hear of present practices in regard to the work of student nurses in the out-patient department, of plans for the development of this activity or of any experiments in this field that are under way. The Committee also offers its services through Miss Hulsizer in an advisory capacity.

Nursing as Portrayed in The Survey

"Some families think of the ministering angel in a starched white dress and cap. To others that immaculate exterior suggests only a bill-collector in nurse's clothing. What anyone thinks of a trained nurse in general is likely to narrow down to the description of the special ones he has known."

Thus does Mary Ross begin her article on "Private Life or Private Duty" in the Mid-monthly *Survey* for February. This article will be followed by others from the nursing field, one by Prof. Daniel Kulp of Teachers College on "Nurse, Hospital, and Community," one by Miss Goodrich on "Nursing, Trade or Profession," and a final one on the services visiting nurses have to offer patients of the middle class.

We rejoice that Nursing is to be so ably presented to the *Survey* audience. Such articles should prove of definite value by helping to clear up some of the all too prevalent misunderstanding of nursing.

Revision of the Standard Curriculum

(Continued)

OBSTETRICAL NURSING¹

Time: 30 hours, divided as follows: Lectures by obstetrician, 10 hours; classes by nurse (head nurse of obstetrical department, assisted by public health nurse, if desired,) 20 hours.

Objects of the Course

1. To help the student develop an appreciation of the urgency and value to the individual family and to the race, of adequate medical and nursing care of maternity patients from the beginning of pregnancy through the puerperium.

2. To help the student acquire the knowledge and skill which will enable her to recognize her opportunities and fully meet her responsibilities in giving this nursing care and in teaching the community its need and value.

3. To inspire in the student such an attitude toward maternity that she will have a sympathetic understanding of any mental or physical stress which her patient may experience and an appreciation of the beauty of the "recurring romance of a new life."

Outline of Lectures and Classes

I. Class—Introduction—Essentials for Obstetrical Nursing.

Purpose of care of maternity patient. Results of good care. Need for and value of accurate records. Present national situation: probable reasons for and significance of. Essential preparation for maternity nursing: (a) Understanding of patient as human being, not "a case"; (b) Knowledge of general nursing; (c) Knowledge of obstetrics as intelligent background for understanding reasons for care and treatment. Essential qualifications of maternity nurse: (a) Cleanliness, (b) Watchfulness, (c) Adaptability, (d) Sympathy. Reasons for each.

Interpretation of maternity patient to student nurse; bewildered and timid expectant mother, frightened woman in labor, discouraged mother.

II. Lecture—History and Scope of Obstetrics. Basic Factors in Anatomy.

Brief history of obstetrics. Place of ob-

¹This outline has been prepared by the following sub-committee: Carolyn Van Blarcom, Chairman; Anne A. Stevens, Chelly Wasserberg and Calvina MacDonald. Suggestions were sent in by a number of others.

stetrics in medicine. Review of significant points in anatomy of female pelvis and generative organs. Pelvimetry—varieties of pelvis and their significance in delivery. (When possible, demonstrate with patients).

III. Class—Anatomy Review.

Anatomy of male and female pelvis and generative organs.

Quiz, using pelvis, pelvimeters, manikin of baby with placenta attached and anatomical charts.

IV. Lecture—Embryology.

Development of ovum, maturation, fertilization and implantation, embryo, fetus, placenta, cord and membranes. Growth and physiology of fetus.

V. Class—Reproduction.

Reproduction in general, beginning with one-celled animals and covering cell differentiation, unisexual and bisexual animals, fish, chick, cat. In man, instinct and the element of conscious choice. Relation of sex to pregnancy. Other aspects of sex.

VI. Class—Embryology Review.

Quiz on ovulation, menstruation, fertilization, segmentation, implantation, membranes, placenta, development of fetus.

VII. Lecture—Physiology and Hygiene of Normal Pregnancy, Signs and Symptoms.

Duration of pregnancy; physiological changes in maternal organism and their relation to hygiene of pregnancy, including reproductive organs, breasts, cardiovalvular system, respiratory tract, digestive tract, ductless glands, skeleton, nervous system, general metabolism of pregnancy.

VIII. Class—Supervision and Care of Patient during Pregnancy.

Why necessary. What it includes and why. Early examination of patient and study of environment. Correction of defects. Continuous observation to detect earliest symptoms of complications. Instruction in personal hygiene applied to each expectant mother in her own home and family, as well as preparation for labor and preparation for care of baby.

IX. Class—Prenatal Nursing.

What it comprises and how it is given in

private nursing; public health nursing and institutional clinics. Adequate prenatal care includes application of four basic principles already mentioned, no matter where patient lives, her circumstances, or who is attending her. Division of labor between doctor and nurse differs with individuals and circumstances.

X. Class—Personal Hygiene of Pregnancy Continued.

XI. Lecture—Complications and Accidents of Pregnancy, Exclusive of Toxaemia.

Causes. Symptoms. Treatment. Premature terminations. Antepartum haemorrhage. Placenta praevia. Premature separation. Syphilis. Heart lesions. Pulmonary Tuberculosis. Thyroidism. Pyelitis. Gonorrhoea.

XII. Class—Nursing in the Complications of Pregnancy.

Preventive nursing measures. "Danger Signals." Nursing care.

XIII. Lecture—Toxaemias of Pregnancy.

Theory as to causes. Symptoms. Prevention. Treatment.

XIV. Class—Toxaemias of Pregnancy.

Preventive nursing measures. "Danger Signals." Watchfulness. Nursing care.

XV. Class—Review.

XVI. Lecture—Normal Labor.

Presentations and positions of fetus. Mechanism of labor. Anaesthesia. Demonstrate palpation on waiting patient, if possible.

XVII. Class—Preparation for Delivery.

Preparation from standpoint of needs of: (a) patient—drapes, comfort, cleanliness; (b) doctor—instruments, dressings, hands, general assistance; (c) Baby—warmth, resuscitation, cord dressings, bath, clothing; (d) Anaesthetist—drugs, mask, no gas or lamp near.

Demonstrate in delivery room, emphasizing fundamentals and illustrating how they may be improvised.

XVIII. Class—Nurses' Duties during Labor.

Quiz on mechanism of labor, using pelvis and manikin. Nurse's duties in first stage, second stage, third stage. Immediate after-care, purpose. Fundus, perineum, general condition, comfort.

XIX. Lecture—Obstetrical Operations and Complicated Labors.

Conditions indicating operative delivery. Reasons for choice. Procedure in each case.

XX. Class—Nurse's Duties in Operative Deliveries.

Presented from standpoint of adaptation, of preparation for and duties during normal labor.

XXI. Lecture—Normal Puerperium.

Physiology. In volution. After-pains. Lochia. Loss of weight. Menstruation. Lactation. Prevention of engorgement. Abdominal wall. Digestive tract. Temperature, pulse, skin, urine.

XXII. Class—The Normal Puerperium.

Early nursing care of the patient. How different from care of post-operative surgical patient. Care of perineum. Binders and exercise. Establishment of breast feeding. Care of breasts—lactation—prevention of engorgement—stripping. Diet: its relation to mother's welfare and baby's health with special reference to rickets.

XXIII. Lecture—The Normal Baby.

Growth, development and general behavior.

XXIV. Class—The Care of the Normal Baby.

Early care: eyes; cord; protection from chilling; examination for abnormalities; cleansing; bathing; sleep; feeding; clothes; bowels; regularity. Demonstrate in nursery if possible.

XXV. Class—The New Baby in the Family.

Mother's needs. Peace of mind. Regularity of habits. Rest. Exercise. Diet. Elimination. Diversion and amusement. Father's part in securing these. Baby's needs: A happy mother. Regular schedule. Rest and exercise. Training for good habits. Important to meet mother's and baby's needs without disrupting the home.

XXVI. Lecture—Complications of the Puerperium.

Postpartum hemorrhage. Puerperal infection. Phlebitis. Mastitis. Causes. Prevention. Symptoms. Treatment. The problem of accompanying diseases and mania.

XXVII. Class—Nursing in Complications of Puerperium.

Nursing in hemorrhage, Infection, Phlebitis, Mastitis. Eager watchfulness for early symptoms of these or other diseases or mania.

XXVIII. Class—The Premature Baby.

Care and feeding largely a nursing problem. Oiling and protecting body. Preserving even

temperature and moist atmosphere. Artificial feeding.

XXIX. *Class—Review.*

Review, to show instructors how much of their teaching has been grasped by students and to show students their weak points and give opportunity for questions on obscure points before examination.

XXX. *Examination.*

Methods of Teaching

The nature of this subject makes it practically impossible to demonstrate upon patients in the classroom, and only in a few instances is it practicable to take students into the wards. It is therefore peculiarly necessary to correlate the students' experiences with their classroom instruction. This can best be done when the Head Nurse in the Maternity Ward or Department does both classroom and clinical teaching.

The lectures and classes should be illustrated by frequent reference to patients in the hospital. Case reports from the students' ward and clinic experiences should be read and discussed.

When possible, a nurse who has done private duty nursing and one who has done public health nursing, will be helpful in describing to the students the many ways of adapting hospital teaching to home situations, as part of classes 10, 17, 18, 25 and 30.

The training and instruction will be greatly enriched by a month in the out-door maternity service or with a maternity center association.

It is understood that the course in obstetrical nursing is preceded by courses in anatomy, physiology, dietetics, bacteriology, materia medica, general medical and surgical nursing, including operating room training.

Equipment and Illustrative Material

Skeleton, separate pelvis, manikin of baby and placenta. Laboratory specimens of fetus at various stages of development. Model layette, toilet tray for mother and baby, bed for delivery, improvised baby's bed and when possible a complete outfit of suitable clothes for mother.

Text and Reference Books

Group I.—Essential or Desirable.

Bigelow—Applied Biology.

Cooke—A Nurse's Handbook of Obstetrics. Edgar—Obstetrics (Textbook for Medical Students).

Marshall—Vertebrate Embryology.

Plass—Obstetrics for Nurses.
Van Blaircom—Obstetrical Nursing.

Group II.—Recommended for Use of the Teacher and for Wider Reading by Students.

Brown—The Normal Child.

De Lee—Obstetrics for Nurses.

Gruenberg—Parents and Sex Education.

McCollum—The Newer Knowledge of Nutrition.

March—Towards Racial Health.

Siemons—The Prospective Mother.

Van Blaircom—Getting Ready To Be a Mother.

Williams—Obstetrics (Textbook for Medical Students.)

Pamphlets

Maternity Center Association; Routines and Briefs for Mothers' Club Talks.

MacMurphy—Canadian Mother's Book.

Federal Children's Bureau—Pamphlets on Maternity and Infant Welfare.

Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent will be allowed on orders of twenty-five or more.

New Reprints of Nutrition and Cookery and Diet in Special Disease Conditions

In response to the large demand for the subject outline, Nutrition and Cookery and Diet in Special Disease Conditions, as revised for the Standard Curriculum, an additional supply has been secured. Orders sent to Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City, will receive prompt attention. The price of the reprint is 10 cents per copy. A discount of 25 per cent will be allowed on orders of 25 or more.

Standard Curriculum for Schools of Nursing

The Revised Standard Curriculum will appear in book form some time in the late spring or during the summer. Those who do not have the present edition of the Standard Curriculum and desire a copy, are urged to send their order to Headquarters promptly as only a limited number remain and this edition will not be reprinted. The price of the present Standard Curriculum has been reduced from \$1.50 to \$1.00.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*

Director, Nursing Service, American Red Cross

Visiting Bulgaria

THROUGH miles and miles of yellowing corn fields, this month's itinerary takes us with Miss Noyes from Belgrade to Sofia. Here and there the train flashed past tiny farm houses where corn was being threshed in picturesque, if primitive ways. Oxen or horses were driven, usually by a woman, over the corn spread on the ground or, in other cases, a beast was tied to a long pole, revolving around a central axis, which did the threshing. Past orchards of plum trees laden with the most luscious fruit, it went on until Sofia was reached in the middle of a very hot Sunday afternoon. The party of three, Hazel Goff, then Assistant Director of the Sofia School of Nursing, now Director, Caroline Van Blarcom, well known to nurses the world over through her studies of midwifery and her contributions to obstetrical nursing literature, and Miss Noyes stepped out on to the sun-baked platform, dusty and tired. They were greeted by a group representing the Bulgarian Red Cross, one of whom made a speech of welcome; the Women's Committee of the School, who presented to each a large bouquet of beautiful flowers; the graduate nurses of the school; the student nurses; and the older group of Bulgarian Red Cross nurses—each one of the last, also, presenting lovely flowers and making a speech of welcome.

Such incidents as these, along the whole route, showed more significantly than anything else that the memories of the American Red Cross and its work in the various countries remained as fresh and verdant as ever.

Just here it is necessary to recall very

briefly the history of the commencement of this modern school of nursing that Miss Noyes was about to visit.

The late Queen Elenora who had taken a nurse's course in Germany before her marriage to the Bulgarian sovereign and had served with a hospital unit in Russia in the Russo-Japanese war, wanted a modern school of nursing for her chosen country. As a result of much interviewing and discussion in 1913 and 1914, Helen Scott Hay, in August of the latter year, was on the point of leaving to undertake its organization. The outbreak of war frustrated this. A year later, however, she and Rachel Torrance began the task. Once more, it was interrupted when Bulgaria entered the war. In 1922, as a result of Miss Hay's work in 1919 and Miss Noyes' visit in 1920, Rachel Torrance once more went back and the present school was developed.

On this hot August afternoon, some eleven years after that other August with its dramatic interruption which caused Helen Scott Hay to sail on the Mercy Ship for war work instead of for Sofia, the American visitors went direct from the station to the school, in spite of all frustration now actually in existence. It was Miss Noyes' first visit there. When she had been in Sofia previously, a few students left from the original school started by Miss Hay were working at the Alexander Hospital and clinging to the hope of a continuation of the school there. The Bulgarian Red Cross Hospital, however, was chosen for the new school partly because it had a fairly adequate nurses' residence, while the Alexander Hospital, a huge institution of 1,500 beds, had little to offer in this direction.

The School Committee consists of representatives of the Bulgarian Red Cross, of the Department of Public Health, and of the Ministry of Education, the Director of the Red Cross Hospital, two representative women interested in nursing education and the Directress of the School. As the Bulgarian Red Cross had for many years trained nurses along traditional lines in a year's course, it is comparatively easy to contemplate the Director's difficulties in attempting to graft modern nursing with a definite educational basis on an age-old system. Some months were spent in educating her Committee and the medical staff of the hospital to an understanding of what a school should be like. Its more progressive members and all the Medical Board were coöperative and eager to assist.

A publicity campaign among the younger and better educated women of the country was also involved in order to convince them of the opportunities that would open to them through professional training as nurses. Bulgarian traditions resembled those of many other European countries. Public opinion was against women entering a field regarded more or less as one relegated to the servant group and one, moreover, which interfered with the usual system of early marriage—from time immemorial wifehood has been looked upon there as the only sphere of dignity a woman could occupy. But in Bulgaria, as elsewhere, women are thinking for themselves and entering fields hitherto undreamed of by them. Gradually a very good type of young woman has been encouraged to enter the school. At the time of Miss Noyes' visit, there were thirty students in the school. The supervisory staff consisted of four graduate nurses, in addition to a graduate of the school, who has also taken the postgraduate course in International Public Health Nursing in Bedford Col-

lege, in charge of the public health center, and a house mother.

It was found that some of the school-rooms were located in a home for old and incapacitated Red Cross nurses supported by the Red Cross. Recently, certain changes have been made which have rendered it possible to bring all the schoolrooms into the home. The nurses' bedrooms, some with four beds, were large, airy, sunny and very neatly kept. Those on the second and third floors opened on to a piazza available for the students. There were ample bathing facilities, but water was most uncertain. Owing to an inadequate supply for the city's use, it was turned off during the day. This meant that it had to be collected during the night both for the nurses' residence and for the hospital. There were no facilities for hot water other than heating it on stoves. American nurses would regard this as one of their greatest hardships. In spite of it all, the patients looked clean and well cared for. Not the least of the difficulties is the continual warfare that has to be waged on certain pests in the Balkans—fleas, flies and bedbugs. The American nurse has not accepted them with equanimity. By means of mosquito netting and with the copious use of various chemicals she is gradually exterminating them through persistent effort.

So little by little, the hospital as well as the nurses' residence has been made to look like a real American institution. The former is an institution of one hundred beds for general service, exclusive of obstetrics. If the nurses and others are proud of the appearance of their institution and school building, perhaps they are even prouder of the course of instruction that has been accepted and put into operation.

The school is registered under the Department of Education as a "middle special school." The course of training

extends over a period of two years and three months, the first three months being a probationary period. The Director must be a graduate nurse with special preparation in administration superimposed upon her preliminary training as a nurse. Lecturers receive payment by the hour. Students, who must be morally and physically fit and have finished sixth grade *gymnasium* (the Bulgarian equivalent of a secondary school), are admitted between the ages of 18 and 35.

Two strange provisions—to Americans—are those which state that students whose parents do not live in Sofia, must have local guardians, either recommended by the parents or guardians legally provided, approved by the Director of the School; and students may not leave the school without their parents' approval (or guardians'). Incidentally, if they do leave, the school must be reimbursed for expenses incurred during the student's stay there. Beneath these lies the story of Bulgaria's dominance by the Turks. It is only within the last few decades that freedom has been won, and mental vestiges of other days yet remain.

All students must live in the *pension* provided, under the direct supervision of the Director of the School. The school's yearly budget must be presented by the Director to the Bulgarian Red Cross Society at the annual meeting and approved. There is a loan and scholarship fund. The Ladies' Committee in connection with the school consists of the Director, the two ladies on the general School Committee and seven other ladies selected by these three and approved by that School Committee. During the probationary period the students devote five hours a day to class work and are in the hospital only sufficient time to apply the theoretical work. The next two months are devoted entirely to the hospital. During the rest of the

course, theory is correlated with practice, averaging six hours weekly the second semester of the first year; five hours weekly the first semester, and three hours weekly the second semester of the second year. The remaining period is free from class work.

A certain type of student government has already been instituted which consists more or less of the organization of each class with a platform so as to develop the body (drills, national and other dances, excursions, walks) and the mind (books, lectures, visits to museums and exhibitions); class prestige (punctuality, ethics, *esprit de corps*); and solidarity ("Everyone to be given the right to his opinion but after a thing has been discussed and accepted by the majority, the minority must accept it in the noblest spirit and act accordingly").

A graduate nurses' association has been organized which includes graduates from the present school, from the old Bulgarian school, from the Constantinople school, and one or two others (because these nurses are now resident in the country). This organization applied for membership to the International Council of Nurses and was admitted at the Helsingfors Congress. It publishes a little magazine called *Sestra* (Sister), which circulates not only among the nurse members of the Association but also among physicians, educational groups and others. No wonder it attracts much attention. For the first time in the history of Bulgaria articles in the language of the country and actually written by native nurses are being presented through its pages and widely read. The educational work done through this medium is of great significance to the future of nursing in Bulgaria.

There are no nursing textbooks as yet in the language. Class work plans were first prepared in English by Miss

Torrance, now by Miss Goff, then translated.

Part of the American Red Cross plan has been the bringing to this country of Bulgarian nurses to prepare them to succeed the American nurses. Miss Sendova, the present assistant director, and Miss Pachedjlieva, another assistant, both completed courses at Teachers College, Columbia University, with practice work in the United States hospitals. In a year or two, it is hoped they will be able to relieve the American nurses and continue the direction of the school under native auspices, following out the general American Red Cross policy of withdrawal when a project it has been instrumental in developing in a foreign country has been firmly established.

Insurance for Nurses

To those Red Cross nurses who took advantage of the special Government war risk insurance scheme to secure policies at low rates and with liberal features, July 2 next will be a significant date. It is the last day on which applications to convert this temporary form of insurance into a permanent policy will be received. As there is no legal reserve, level premium insurance providing equal benefits with an equal guarantee of safety at such a low rate, nurses are advised to make inquiries at once before letting their policies lapse.

It is to be noted that Government insurance is free from restriction as to occupation, residence, travel, military or naval service, or cause of death (except execution for crime or military offence); it has no extra premium for total permanent disability benefit; the protection extends throughout the life of the policy and is not limited to the usual 60 or 65 years of age; it has cash, loan, paid-up and extended insurance values after the policy has been in force one year; it participates in dividends earned from

gains and savings; and has thirty-one days of grace for the payment of premiums without interest.

For those Red Cross nurses who, like many other ex-service people, have already allowed their war risk insurance to lapse, July 2 is also significant. Reinstatement must be made so as to permit conversion by that day. Talking in the huge sum of billions of dollars—of over \$40,000,000,000 for instance, written by the Government during the war, less than \$1,500,000,000 remained in force on June 30, 1925.

Any nurse considering reinstatement is advised of the very liberal terms on which this may be done. If in good health—as shown by a medical examination made either by the physicians of the Veterans' Bureau Regional Offices, undertaken without cost, or by any reputable physician at the applicant's expense—she may reinstate her policy by the payment of one monthly premium on the amount of war risk insurance and the first premium on the policy to which she converts.

July 2, 1926, is therefore an important date to nurses who wish to establish these financial safeguards.

Unreturned Badges

Additional names of those American Red Cross Nurses, whose enrollment has been annulled for various reasons but whose appointment cards and badges have not been returned, are given below supplementing previous lists in the *Journal*. Nurses are reminded that these cards and badges always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Annie Louise Ferguson, Edith M. MacLaughlin, Delcie Frances McCullough, Verna Eila McIntyre, Mahel Cecilia McKenney, Miss M. A. Mass (nee Beulah A. Houman), Emily Leota Martin, Mrs. Lena Holbert Moyen, Adelinde Elizabeth Mitchell, Mrs. William Owens (nee Muriel Marie Mitchell), Edith Myrtle Proctor, Lillian B. Renss, Euphemia Robertson, Edith S. Cooke Rogers, Julia M. Scanlon, Mary Emma Seymour.

Indoor Gardening

BY CLARA HOFF

Stanford School of Nursing

OVER the top of his spectacles, the doctor viewed with a shake of his head, a group of restless, irritable patients, convalescents, most of them.

"Spring fever," he remarked, "itching to do something and nothing to do!" It was true. They were tired of reading and they didn't want to weave or knit or whittle wooden toys. They had made countless applicators and dressings and they were weary of the sight of bandages anyway, and, well, they just didn't know what to do, and the longer they looked out at the perfect summer day, the stronger the spring fever grew.

And then! when the nurses were in despair—kind Providence took a hand. Through the door came a little girl with a big bunch of sweet peas and her shrill, piping voice carried down the ward.

Miss Nurse, kin I please take these flowers to my Daddy? I picked 'em myself this morning and Mama told me not to stay—only a minute.

As she passed shyly by, the fragrance of the fresh sweet peas drifted behind her and the conversation turned, somehow, to flowers and gardens and gardening. A little later, a nurse who had seen her opportunity, gave each one some paper and a pencil and, while they wondered what was happening, suggested that each plan a garden. At first, of course, they laughed and scoffed at the idea but nevertheless the suggestion held all the lure of a new game and soon they were working enthusiastically, planting fascinating gardens on paper, vegetable gardens, big and little, exquisite flower gardens with arbors

and fountains and lawns and trees; formal gardens with trimmed hedges and accurately laid out walks; little, informal back-yard gardens with old-fashioned lavender and rosemary and mignonette; shady wild flower gardens with mossy seats and ferns and wild columbines and even tropical gardens where banana trees and coffee beans, breadfruit and wild melons sprouted side by side.

Late that evening and the next day and the next, they were still planting and weeding (with their erasers) and replanting their paper gardens. Newcomers were initiated into the game and brought new ideas. Those being dismissed took their gardens home with them, many went with the promise to make their gardens a reality; and when the doctor came again he looked over the top of his glasses and marveled, for instead of pathetic, disgruntled beings, he saw a group of contented and happy patients, arguing the merits of roses and radishes, no longer gazing out at the perfect summer day—for summer had come in to them through a bunch of fresh sweet peas.



Official Registries

Ohio reports that, in addition to the official registries listed in the February *Journal* they have also the following:

Official Registry of District 8, Cincinnati, (159 Mason St.); of District 10, Dayton, (Miami Valley Hospital); of District 12, Columbus, (398 N. Garfield).

To the Kentucky list should be added that of the Nurses' Associated Directory, 1835 Grand Avenue, Louisville.

The Part of Religion in a Nurse's Life

By HAZEL MOORE

School of Nursing, State University Hospital, Oklahoma City, Okla.

THE disciples' love for their great Teacher took the form of service to whoever needs it, especially the sick, neglected, and destitute. Nursing is truly a Christian work, based on the fundamentals of Christian religion. It is far more than simply "taking care" of the sick; it is an intelligent study of human beings under adverse conditions; it is faithful, intelligent, obedient, humble service to unfortunate, ignorant fellow beings, rich and poor.

A nurse is what she is. She knows and we know that, try in vain, and for years, and through eternity, she cannot be what she is not. Since nursing is truly a Christian work, it would be impossible for a girl who did not have Christ's teachings instilled in her, to be an ideal nurse. A nurse comes in contact with all classes of people. She is constantly facing pain and suffering and the mysteries of life and death. For this reason she must be clean in mind and body, in thought and habit, truth-

ful, obedient, conscientious and humble in all walks of life, else how can she supply the brother or sister who may lack one or more of these qualities? Many times she is called upon to show her less fortunate brother the road to better judgment and wiser discrimination. Without this living spirit and this motive force all our science and skill will be futile. Our actual characters, our genuine strength and worth are shown in the ardor of our response to such an appeal.

Very beautiful, indeed, is the picture of nursing—with its firm and helpful hold upon life's realities and human necessities, with its wealth and variety of human relationships, with its almost infinite opportunities for kindness and tenderness, and with its sacred intimacies. Rich indeed is it in friendships and good will. It is a work in which our Lord's words, "Unto the least of these," and "Come unto me, all ye that labor and are heavy laden," can be fully realized.

School Spirit

By ELEANORE I. GLASER

Hartford Hospital School of Nursing, Hartford, Conn.

EVERY Wednesday, at 7:45 p. m., a rehearsal of our glee club is held.

In September, 1925, our principal noticed considerable lack of school spirit, and upon calling a meeting of the entire school, it was decided that something be done at once.

We were fortunate enough to get an excellent musical director, and try-outs were started. The following week music was given us, and we set to work.

Since that time rehearsals have been held regularly with good results.

Tickets are now being sold for our first concert. Previous to the concert we are to broadcast our program, with several other selections, by request.

Groups of nurses are seen here and there really enjoying their off-duty time with fellow students. Plans for a basketball team are in the air, and the spirit of our training school has risen far above what it was six months ago.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

Such Good News

DEAR EDITOR: I have to thank, not only you, but a great number of my friends overseas for kind messages and greetings for Christmas and the New Year, and as I am not yet allowed to do much, I wonder if you would help me by saying a few, simple words in your *Journal* to the effect that all the kindness shown to me by the friends of last summer has made me very happy and most certainly helped to hasten my recovery, thus showing, even at long distance, the work of the nurse.

Really, these months of forced inactivity have been so full of delightful experiences and realization of how much it means to feel kindness coming to one, that I cannot regret the suffering and never will forget these wonderful days.

As you ask in your Christmas greeting, how I am now, I am happy to say that I am well on the road to recovery and that this is going to be complete.

SOPHIE MANNERHEIM.

Private Duty Material

DEAR EDITOR: I cannot longer refrain from telling you how much the *Journal* means to me. I was one of those ambitious young nurses who wanted to do "big things"; so I launched right out into institutional work and after a few years I found myself a student at Columbia University, gloriously happy that I was on the road to larger accomplishments. But alas! fate saw fit to interfere, for I was called home very abruptly by the illness of my parents. My dream of big things came to an end, for I have to content myself in the private duty field to help "keep the home-fires burning." But Columbia awakened in me a thirst for knowledge that will not be satisfied. I read, read, read, anything I can lay hands on relative to community work, psychology, public economy and sociology. The *Journal* has given me many suggestions in choosing the books to read. This month's edition (January) is especially full of very good things. I fairly devoured Mr. Bailey's article, "Teaching Sociology in Schools of Nursing." I wish he could have given a suggestive reading list along with his splendid outline of a course. I have read Cabot's "Social Service" and "What Men Live By," and

will try immediately to secure Devine's "Misery and Its Causes." Why should we hear of *private duty* nurses becoming "rusty"? How can they become rusty with the wealth of educational material at their command? I long for a department in the *Journal* devoted especially to *Private Duty* nurses, with articles and lists of reading material devoted to psychology, sociology, economics, anything that would give us a broader understanding of the importance of our work in the community. Am I asking too much?

Illinois

E. S. F.

[*The Editor's Reply*.—The *Journal* does not have a Department of Private Duty Nursing because private duty is all inclusive. The whole gamut of bedside nursing belongs to the private duty nurse. Since she is not only an individual, but the representative of the nursing profession in every home which she enters, it is necessary for her to be informed on actual nursing procedures and also on general professional activities, such as organization, legislation, the problems of distribution and on the trends (at least) in nursing education, such as the movements toward the centralization of teaching and the grading of schools. The private duty nurse is *the* nurse to most people. She bears a tremendous responsibility and has a tremendous opportunity. She needs and, in the main uses, all of the *Journal*. It is impossible to confine her attention or her interests to a few pages monthly and her needs and her expressed wishes are constantly in the minds and hearts of the editors who fondly believe that the whole magazine is hers.—M. M. R.]

Watch the Pulse

DEAR EDITOR: I was much interested in the two articles on Pneumonia in the January *Journal*, but, as usual, they fail to emphasize the most important thing—the pulse. It should be "watched like a hawk." A good two hours before any other indication, the pulse shows the approach of the crisis. If stimulation, etc., are begun then, the temperature does not tumble down in such an alarming way which often takes a patient out, almost before anything can be done, but instead it will zigzag its course downward and sometimes will not even reach normal, but rise a trifle and then continue its downward

course. I have seen patients fall asleep (real sleep, not the comatoses condition resulting from weakness) and when they wake up—ten minutes to half an hour perhaps—would show that convalescence had really begun. Of course, the haemolytic streptococcus is a law unto itself and so sometimes nothing seems to help in that infection, but with the ordinary pneumonia infection the pulse will always be the most valuable guide as to the real condition of the patient, and in pneumonia from any cause will tell truly when extra precautions need to be taken.

Colorado

L. C. B.

Practical Suggestions Requested

DEAR EDITOR: I am wondering whether some one could write something to aid nurses who are in the country. I do most of my private nursing there, and many times some hints would help. Also, could we find in your columns what a nurse should wear when traveling with a patient? We would appreciate reading such articles along with all other good things.

New York

R. L.

Pioneer Work in Public Health

DEAR EDITOR: I am sorry my *Journal* subscription lapsed. Of course I want it. Who wouldn't? The political situation has caused our mail to be very irregular, so I hadn't realized what was happening. I arrived in Peking in August and began my new work at once. The work is in a demonstration area conducted by the Department of Hygiene of Peking Union Medical College. Its purpose is to provide teaching facilities in public health for undergraduate nursing, and some medical, students. In reality, it is the first systematic municipal health administration which has been attempted in China. It offers marvelous creative opportunities in helping to lay the foundation for the future of public health in this vast country.

China

G. F. H.

Retired, but Not Inactive

DEAR EDITOR: I have retired from active nursing and I have a home of my own. I am interested in church, Y. W. C. T. U., Ladies' Literary Club, D. A. R., etc., so I keep up a little in the mad rush of interests. I thought I knew what was going on about me, but it seems I did not. When I settled down to spend my old age in peace, I found it about as restful as did a character in

A Trip to Chinatown who sat on a soapstone and felt his temperature rising. He did not know the cause, so he kept taking his temperature with a bath thermometer. I am lost in this new world and do not see what has happened.

Michigan

B. E. S.

Journals on Hand

Mary A. Candon, 66 North Willow Street, Montclair, N. J., will send the following copies of the *Journal* to anyone paying the postage: 1924—January, March, April, June, July, September, October; 1925—January.

Helen T. Carney, 137 West 12th Street, New York, Apt. 3, will send any of the following *Journals* to anyone paying postage: 1922—April through December; 1923—January through November; 1924—June through December; 1925—the entire year.

Frances A. Dennis, 553 Main Street, East Orange, N. J., has copies of the *Journal* to sell, as follows: 1902—February and December; 1903—March, April, June, through September; 1905, June; 1911—May; 1912—June and October; 1914—March; 1916—All; 1917—January, through April, June, July, August, October; 1918—All except February, March and May; 1919—All except April and May; 1920—February, April, September and October; 1921—All except January; 1922—All except February and March; 1924—May, June, July and December.

"Out of the Mail Bag"

Dear Editor: I am taking a half hour to talk "Journal" and go over the items, advertisements, official directory, etc., stressing the necessity and advantages of the magazine, at our next Alumnae meeting.

Pennsylvania

C. E. T.

Dear Editor: Indeed, I have not forgotten that my subscription to the *Journal* expired with the December number. I should be quite unhappy if I had to do without it, but due to two years of sickness and inability to work, I feared I would have to go without it until a day or two ago, my mother said that if I wanted that more than anything else, she would renew my subscription for a Christmas present. So, I am enclosing a check.

New Hampshire

R. E. H.

Dear Editor: I always treat myself every Christmas by receiving the *Journal* every month. Christmas all year.

Kentucky

J. M.

Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

4. What can you tell me of "Splenectomy," its results and percentage of deaths?

Answer.—In a recent article by Dr. John B. Deaver of Philadelphia we find the following: "The operative mortality at first in the early days of splenectomy was as high as 38 per cent, but in recent years has been reduced to about 8 per cent or less." "The remote results of splenectomy are, on the whole, excellent. In most cases a clinical cure is established although examination of the blood oftentimes shows a permanent increased fragility of the red cells. Pernicious anemia is not always considered amenable to surgery, but in a certain type of cases, the operation undoubtedly prolongs life and is followed by longer remissions of the disease."

"Splenectomy is indicated for: hemolytic jaundice; splenic anemia in its various forms; pernicious anemia — sometimes; puerperal hemorrhagica (one form only)." (It is, of course, also indicated in trauma.)—*Ed.*)

5. What would be the cost to a nurse aged 23 of insurance or annuity providing an income of \$1,200 per year at the age of 60?

Answer.—One of the very sound companies gives the following data on a life insurance policy which provides for disability from both accident and illness, an assured income for old age, and life insurance. The cost of such a policy at the age of 23 is \$445.80 annually

or about \$9.50 weekly. If annual dividends are left in, it can be paid up in 19 years, or at the age of 42. From then on, until age of 60, dividends can be taken as from any other investment. At 60, the monthly income of \$100 begins. The disability provision goes into effect immediately and if disability continues after the age of 60, the individual receives a monthly income of \$100 plus \$154 for disability.

This policy provides \$15,400 insurance in case of death before 60.

(A less ambitious plan would be to start with yearly payment of \$44.58 which would provide \$10 per week income at the age of 60 and other benefits in proportion. As the income of the young nurse warranted, she could increase the amount of insurance carried.)

Another very sound company offers a less expensive plan. The annual payment for income of \$1,200 per year at age of 60 is \$255.70. This provides for disability but no insurance, giving merely a return of premium in case of death. The dividends are so small that the policy cannot be paid up quickly.

The first plan will appeal to those who fear disability and old age and who also wish to provide for dependents—and an amazing number of nurses have heavy obligations. The second will apply to those who wish only to provide for their own independence.

Summer Courses

California.—In the far west of our country, between the Pacific Ocean and the Rocky Mountains, and beyond the setting sun in Hawaii, in the Philippine Islands, and still farther in China and Japan, are a large number of schools of nursing, each school requiring trained administrators, trained teachers, trained supervising nurses. In the cities and towns, out in the open country, and in the mountains and valleys, are many nurses—the health teachers. Many are needed; in fact, the supply never seems to come up to the demand for specially trained and qualified nurses, both for nursing and health education, within the hospital and outside of it amongst the people. The great west calls loudly and must prepare a larger number of nurses for its fast-growing needs.

The University of California and Stanford University will this summer be centers of activity in nursing education.

At the **UNIVERSITY OF CALIFORNIA** (in Berkeley) the instructors will be: Herbert R. Stoltz, M.D., Supervisor of Physical Education, State of California; John N. Force, M.D., Professor of Epidemiology; Carolyn E. Gray, R.N., formerly Professor of Nursing and Dean of the School of Nursing, Western Reserve University, Ohio; Edith S. Bryan, R.N., Assistant Professor of Public Health Nursing; George B. Mangold, Director, Missouri School of Social Economy, St. Louis, Mo.

Course (June 21 to July 31, 1926)—Health of the School Child, Preventive Medicine, Public Health Nursing, Control of Poverty (These four courses represent the theoretical

work of the first semester of the Public Health Nursing curriculum), Supervision in Hospitals and Schools of Nursing, Methods of Teaching in Schools of Nursing.

At the **UNIVERSITY OF CALIFORNIA** (Southern Branch) in Los Angeles, the instructors will be: Richard Bolt, M.D., Assistant Professor of Child Hygiene, University of California, Berkeley; Margaret Beattie, Assistant Professor of Public Health Nursing; Lillian Simpson, R.N., County Supervising Nurse of Los Angeles; Mrs. Carrie Parsons Bryant, State Board of Education.

Course (June 26 to August 7, 1926)—Nursing Aspects of School Hygiene, Preventive Medicine, Public Health Nursing, Control of Poverty. (These four courses represent the theoretical work of the first semester of the Public Health Nursing Curriculum.)

At **STANFORD UNIVERSITY**. — A Public Health Nursing Course extending through the Summer Quarter, June 22 to August 28, 1926, will be given by Stanford University in cooperation with the Public Health Department of the city of Palo Alto. The course will be limited to 12 students. The instructors will be: Mrs. Flora May Fearing, Instructor in Citizenship, Stanford University; Franklin Smith Fearing, Instructor in Psychology, Stanford University; Margaret Mulford Lothrop, Instructor in Economics, Stanford University; Louis S. Olsen, Health Officer, Palo Alto.

Course—Care of Dependents, Quantitative Measurements in Public Administration, Health Department Administration, General Psychology.

At these universities living possibilities are attractive and not expensive. The association with teachers and other professional people from all over the country is always delightful. California is the favorite place for many to take summer work, and professors from many universities are teaching during the summer session.

For further information regarding entrance requirements, tuition, expenses, etc., write to: Registrar, Stanford University, California; Dean of Summer Session, University of California, Berkeley, Cal.; Miss B. Hechtman, 815 Hillstreet Building, Los Angeles.

Florida: The University of Florida, in cooperation with the Florida State Examining Board of Nurses, introduced into its 1925 Summer Session a course for graduate nurses, directed by Blanche Pfefferkorn. Frankly begun as an experiment, the schedule for this first year was planned to cover a four weeks'

period only. The program included two courses in nursing education: Administration in Schools of Nursing; Curricula and Teaching in Schools of Nursing, and, in addition, courses in Psychology and Sociology.

A similar program is planned for this year, except that it will cover a full Summer Session period of eight weeks, June 15 to August 6. Under these conditions a much wider range of electives will be available and nurse students may select from the many excellent courses given in education and sciences in the various colleges of the University.

Anna L. Fetting, president of the Florida State Examining Board of Nurses, and Mrs. Louisa B. Benham, secretary-treasurer, have worked untiringly toward getting the interest of the University in this project for nursing education.

Tennessee. — A six weeks' summer program will be offered in the Department of Nursing Education at Peabody College, Nashville, June 7 to July 16.

The courses in Teaching and Supervision in Schools of Nursing will be given by Susie Watson of the University of Michigan, and the courses in Public Health Nursing, by Abbie Roberts, Cora Cripe and Elma Rood. The following courses will be offered: Teaching in Schools of Nursing, Supervision in Schools of Nursing, Principles of Teaching, Biology, Principles of Public Health Nursing, Supervision and Organization of Public Health Nursing, School Nursing and Health, Method of Teaching Home Hygiene and Care of the Sick, Nutrition for Public Health Workers, Principles of Social Case Work.

Rural Hospitals

The Commonwealth Fund announces an initial appropriation of \$350,000 to be expended for the construction of two hospitals in rural communities. This marks the beginning by the Fund of a new project which will involve the building of two such hospitals a year. Farmville, Va., has been selected as the first of these. On March 1, the Fund will establish a Division of Rural Hospitals which will receive applications under certain conditions, chief of which is that the Fund will in the case of approved applications contribute two-thirds of the cost of construction and equipment of the hospital, while the local community must contribute one-third. The community must also meet operating and maintenance costs.

NEWS

[Note.—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A marriage or death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

American Nurses' Association

Nurses from California to Maine and from Washington to Florida have already made their plans to go to Atlantic City in May for the twenty-fifth convention of the American Nurses' Association. From the opening business session which will be held on May 17 through the closing session on Saturday, May 22, the convention will be filled with matters of outstanding importance to all members of the nursing profession, and it is expected that the week will be a memorable one.

the roll call by states will be followed by the reports of the officers, the standing committees and the special committees. On Monday evening the first joint meeting of the nursing organizations with the American Health Congress will be held, and the session will be a big first day drawing card. The speakers will be announced later.

A feature of real importance to all nurses will take place on the second day of the convention when the meeting of the Private Duty Section is held. What a general survey of private duty nursing means will be discussed

THE STEEL PINE

One of the unique features of the convention this year will be the fact that the nursing organizations will participate with thirteen other health organizations in the American Health Congress. Speakers of international and national prominence at the sessions will include Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P., prominent in health work in England and well versed in American methods; Dr. George E. Vincent, president of the Rockefeller Foundation, who will speak on international phases of health work; Dr. C. E. A. Winslow, president of the American Public Health Association, who will discuss the administrative side of city and health work, and Dr. Ray Lyman Wilbur, president of Leland Stanford University, whose address will be on the subject, Is Public Health Improving the Race?

A meeting of the Advisory Council will be held on Saturday, May 15, and all state presidents and other members of the council will be in Atlantic City by 2 o'clock that afternoon. At the opening business session of the American Nurses' Association which will be called on the afternoon of Monday, May 17,

at this meeting. Helen F. Greaney, chairman of the section, will preside, and Adda Eldredge, president of the American Nurses' Association, whose contribution to the program is expected to be of unusual interest, will give a special address to the private duty nurses. The climax of the meeting will come with the message from Janet Geister, of New York, and no nurse interested in the private duty field will want to miss her address. Anna Gladwin, of Akron, O., will give a paper on *Private Duty Milestones*.

Another joint meeting with the American Health Congress is on the program for Tuesday afternoon, May 18, and several speakers of outstanding importance are expected to appear. The meeting will be followed by a tea given in honor of the nursing organizations, the hostesses being the members of the New Jersey State Nurses' Association and the St. Barnabas Guild.

In the evening, one of the most interesting meetings of the convention will take place in the joint session of the American Nurses' Association, the National League of Nursing Education, and the National Organization for

Public Health Nursing when the three presidents, Adda Eldredge, Carrie M. Hall, and Elizabeth G. Fox, will address the thousands of nurses present. A report of the National Committee on Red Cross Nursing Service will also be given.

On Wednesday, May 19, the high light of the day will be the joint session of the three nursing organizations in the afternoon when well known speakers are to discuss the two subjects, The Newer Developments in Adult Education and What This Educational Movement May Offer for the Nurse. On Wednesday morning, Louise Dietrich will preside at the meeting of the Legislative Section where legislative measures pertaining to schools of nursing and the administration of laws governing the registration of nurses will be under discussion.

Late in the afternoon of the same day, a conference on State and Local Red Cross Nursing Committees will be conducted by Clara D. Noyes, chairman of the National Committee on Red Cross Nursing Service. The last event of the day will be a conference on publicity conducted by Elsie Van Ness.

On Thursday, May 20, the centers of interest will be a joint meeting of the American Health Congress and a conference on official registries for nurses. Lucy Minnigerode will preside at the meeting of the Government Service Section.

Program plans are being completed for the Mental Hygiene Section, Friday, May 21, May Kennedy, being the chairman. A joint meeting of the nursing organizations and the American Health Congress in the evening will conclude the day.

On the morning of the final day, May 22, the three national nursing organizations will hold their final business sessions. It will be at this time that the report of the tellers will be given and the new officers presented to the members of the American Nurses' Association.

Chalfonte-Haddon Hall has been chosen as the official headquarters for the American Nurses' Association, the Strand for the National League of Nursing Education, and the Breakers for the National Organization for Public Health Nursing. New Jersey has selected the Hotel Morton for its headquarters and Kentucky the Raleigh Hotel.

Hotels and Rates

Nurses who have not made their reservations for the convention are asked to make

them at once. The list of hotels with rates is as follows:

Hotels on Both European and American Plan

Breakers—New Jersey Ave.; European, rooms without bath, single, \$2.50 to \$5; double, \$4 to \$8. Rooms with bath, single, \$5 to \$8; double, \$7 to \$14.

American plan, rooms without bath, single, \$6.50 to \$9; double, \$12 to \$16. Rooms with bath, single, \$9 to \$12; double, \$15 to \$24.

Marlborough-Blenheim—Ohio Ave.; European, rooms without bath, single, \$6 to \$10; double, \$8 to \$14. Rooms with bath, single, \$8 to \$12; double, \$10 to \$20.

American plan, rooms without bath, single, \$10 to \$14; double, \$16 to \$22. Rooms with bath, single, \$12 to \$16; double, \$18 to \$28.

Raleigh—St. Charles Place; European, rooms without bath, single, \$2.50 to \$3; double, \$5 to \$6. Rooms with bath, single, \$4 to \$5; double, \$7 to \$8.

American plan, rooms without bath, single, \$3 to \$6; double, \$10 to \$12. Rooms with bath, single, \$7 to \$8; double, \$12 to \$14.

Colonial—N. Carolina Avenue; European, rooms without bath, single, \$2 to \$3; double, \$3 to \$5. Rooms with bath, double, \$7 to \$8.

American plan, rooms without bath, single, \$3 to \$7; double, \$8 to \$12. Rooms with bath, double, \$12 to \$14.

Bouvier—Tennessee Avenue; European, rooms without bath, single, \$2 to \$3; double, \$3 to \$4. Rooms with bath, single, \$3 to \$4; double, \$5 to \$6.

American plan, rooms without bath, single, \$4 to \$5; double, \$8 to \$10. Rooms with bath, single, \$5 to \$6; double, \$10 to \$12.

Continental—Tennessee Avenue; European, rooms without bath, single, \$2 to \$3; double, \$4 to \$5. Rooms with bath, single, \$4 to \$5; double, \$7 to \$8.

American plan, rooms without bath, single, \$4 to \$5; double, \$8 to \$10. Rooms with bath, single, \$6 to \$8; double, \$10 to \$14.

Devonshire—St. James Place; European, rooms without bath, single, \$2.50; double, \$3. Rooms with bath, single, \$4; double, \$7 to \$8.

American plan, rooms without bath, single, \$5; double, \$10. Rooms with bath, single, \$7; double, \$12 to \$14.

St. James—St. James Place; European, rooms without bath, single, \$2.50 to \$3.50; double, \$4 to \$6.



ALONG THE BOARD WALK

American plan, rooms without bath, single, \$4 to \$5; double, \$8 to \$10.

Rittenhouse—Kentucky Avenue; European, rooms without bath, single, \$2 to \$3; double, \$4 to \$5. Rooms with bath, single, \$3 to \$4; double, \$5 to \$6.

American plan, rooms without bath, single, \$4 to \$5; double, \$7 to \$9. Rooms with bath, single, \$4.50 to \$5; double, \$9 to \$12.

Monticello—Kentucky Avenue; European, rooms without bath, single, \$2.50; double, \$5. Rooms with bath, single, \$4; double, \$7 to \$8.

American plan, rooms without bath, single, \$5; double, \$10. Rooms with bath, single, \$7; double, \$12 to \$14.

Westminster—Kentucky Avenue; European, rooms without bath, single, \$2 to \$2.50; double, \$3 to \$4. Rooms with bath, single, \$3.50 to \$5; double, \$7 to \$8.

American plan, rooms without bath, \$3.50 to \$4.50; double, \$7 to \$8. Rooms with bath, single, \$5 to \$6; double, \$9 to \$10.

Austine-Biscayne—Kentucky Avenue; European, rooms without bath, single, \$2 to \$3; double, \$4 to \$5. Rooms with bath, single, \$3 to \$4.50; double, \$6 to \$8.

American plan, rooms without bath, single, \$4 to \$5; double, \$8 to \$10. Rooms with bath, single, \$5 to \$6.50; double, \$10 to \$13.

Kentucky—Kentucky Avenue; European, rooms without bath, single, \$2 to \$3; double,

\$4 to \$5. Rooms with bath, single, \$3 to \$5; double, \$5 to \$8.

American plan, rooms without bath, single, \$5 to \$6; double, \$9 to \$10. Rooms with bath, single, \$6 to \$8; double, \$10 to \$12.

Cheltenham-Revere—Park Place; European, rooms without bath, single, \$2.50; double, \$5. Rooms with bath, single, \$4; double, \$8.

American plan, rooms without bath, single, \$4 to \$5; double, \$8 to \$10. Rooms with bath, single, \$6; double, \$12.

Bryanton—Michigan Avenue; European, rooms without bath, single, \$2 to \$2.50; double, \$4 to \$5. Rooms with bath, single, \$3 to \$4; double, \$5 to \$6.

American plan, rooms without bath, single, \$3.50 to \$4; double, \$7 to \$7.50. Rooms with bath, single, \$5 to \$6; double, \$10 to \$11.

Arlington—Michigan Avenue; European, rooms without bath, single, \$2 to \$2.50; double, \$3.50 to \$4.50. Rooms with bath, single, \$3 to \$3.50; double, \$5 to \$5.50.

American plan, rooms without bath, single, \$4 to \$5; double, \$7 to \$9. Rooms with bath, single, \$6 to \$7; double, \$10 to \$11.

Osborne—Arkansas Avenue; European, rooms without bath, single, \$2 to \$2.50; double, \$3.50 to \$4. Rooms with bath, single, \$3 to \$3.50; double, \$5 to \$6.

American plan, rooms without bath, single, \$3 to \$4.50; double, \$6 to \$8. Rooms with bath, single, \$5 to \$7; double, \$10 to \$12.

Hotels on European Plan

New Belmont—South Carolina Avenue; rooms without bath, single, \$3 to \$6; double, \$4 to \$7. Rooms with bath, single, \$3 to \$5; double, \$7 to \$10.

Shellburne—Michigan Avenue; rooms without bath, single, \$4 to \$6; double, \$8 to \$10. Rooms with bath, single, \$6 to \$15; double, \$10 to \$18.

Ambassador—Brighton Avenue; rooms with bath, double, \$11 to \$13.

Thurber—Massachusetts Avenue; rooms without bath, single, \$2 to \$3; double, \$3 to \$5. Rooms with bath, single, \$3 to \$4; double, \$5 to \$6.

Franklin—Virginia Avenue; rooms without bath, single, \$2.50 to \$3.50; double, \$5. Rooms with bath, single, \$4; double, \$7 to \$8.

Governor—Virginia Avenue; rooms without bath, single, \$2 to \$2.50; double, \$3 to \$4.

Louvan—Tennessee Avenue; rooms without bath, \$2 to \$3; double, \$4 to \$5.

Fredonia—Tennessee Avenue; rooms without bath, single, \$3 up; double, \$5 up. Rooms with bath, single, \$4 up; double, \$6 up.

Lexington—Arkansas Avenue; rooms without bath, single, \$1.50 to \$3; double, \$2 to \$5. Rooms with bath, single, \$3 to \$4; double, \$4 to \$6.

Gage—Missouri Avenue; rooms without bath, single, \$2 to \$2.50; double, \$3 to \$4. Rooms with bath, single, \$3.50 to \$4; double, \$5.

Hotels on American Plan

St. Charles—St. Charles Place; rooms without bath, single, \$7 to \$8; double, \$12 to \$14. Rooms with bath, single, \$9 to \$15; double, \$16 to \$22.

Seaside—Pennsylvania Avenue; rooms without bath, single, \$8; double, \$14 to \$16. Rooms with bath, double, \$16 to \$20.

Chalfonte-Haddon Hall—Pennsylvania Avenue; rooms without bath, single, \$6 to \$8; double, \$12 to \$14. Rooms with bath, single, \$10; double, \$14 to \$20.

Strand—Pennsylvania Avenue; rooms without bath, single, \$8 to \$9; double, \$15 to \$16. Rooms with bath, single, \$10 to \$12; double, \$16 to \$24.

Knickerbocker—Tennessee Avenue; rooms without bath, single, \$7; double, \$12 to \$14. Rooms with bath, single, \$9; double, \$14 to \$18.

Brighton—Indiana Avenue; rooms without

bath, single, \$8 to \$10; double, \$16 to \$18. Rooms with bath, single, \$12; double, \$22.

Dennis—Michigan Avenue; rooms without bath, double, \$14 to \$18. Rooms with bath, double, \$16 to \$25.

Chaises—Morris Avenue; rooms without bath, single, \$7; double, \$14. Rooms with bath, \$9; double, \$16.

Genetel's Leilane—Massachusetts Avenue; rooms without bath, single, \$5.50 to \$7; double, \$10 to \$13. Rooms with bath, double, \$13 to \$15.

Gales Hall—Connecticut Avenue; rooms without bath, single, \$6.50 to \$7; double, \$12 to \$13. Rooms with bath, double, \$14 to \$16.

Grossman's—New Jersey Avenue; rooms without bath, single, \$7.50 to \$8; double, \$13 to \$15. Rooms with bath, single, \$9 to \$11; double, \$15 to \$20.

Wiltshire—Virginia Avenue; rooms without bath, single, \$4.50 to \$5; double, \$9 to \$11. Rooms with bath, double, \$11 to \$12.

Morton—Virginia Avenue; rooms without bath, single, \$3 to \$6; double, \$10 to \$12. Rooms with bath, single, \$7 to \$8; double, \$12 to \$14.

Clarendon—Virginia Avenue; rooms without bath, single, \$5 to \$6; double, \$9 to \$10. Rooms with bath, single, \$6 to \$7; double, \$10 to \$12.

Holmhurst—Pennsylvania Avenue; rooms without bath, single, \$5 to \$6; double, \$10 to \$12. Rooms with bath, \$7 to \$8; double, \$12 to \$14.

Bon Air—Ocean Avenue; rooms without bath, single, \$4 to \$6; double, \$8 to \$12.

New England—S. Carolina Avenue; rooms without bath, single, \$3 to \$6.50; double, \$8 to \$10. Rooms with bath, double, \$11 to \$13.

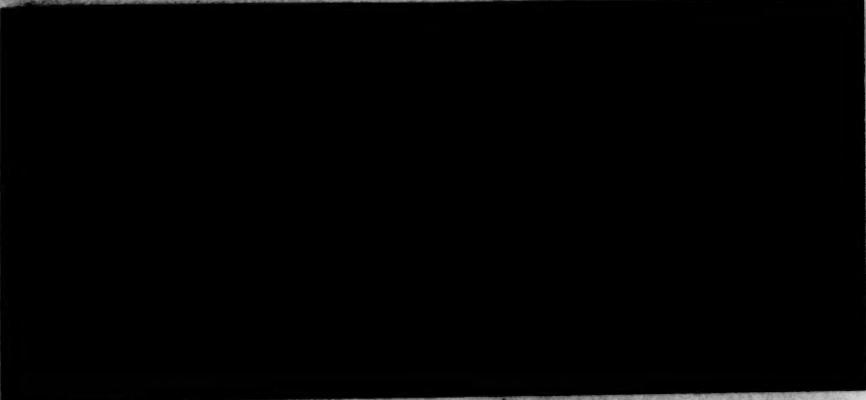
Watkins—S. Carolina Avenue; rooms without bath, single, \$5 to \$6.50; double, \$8 to \$10. Rooms with bath, double, \$11 to \$13.

Flanders—St. James Place; rooms without bath, single, \$4 to \$5; double, \$8 to \$10. Rooms with bath, \$5 to \$6; double, \$10 to \$12.

Byron—Kentucky Avenue; rooms without bath, single, \$5 to \$5.50; double, \$9 to \$10. Rooms with bath, double, \$11 to \$12.

Craig Hall—Illinois Avenue; rooms without bath, single, \$4 to \$5.50; double, \$8 to \$9. Rooms with bath, single, \$5.50 to \$7; double, \$9 to \$10.50.

Glaslyn-Chatham—Park Place; rooms with



THE STEEL PIER AT NIGHT

out bath, single, \$4.50; double, \$8 to \$10. Rooms with bath, single, \$6; double, \$12.

Pennhurst—Michigan Avenue; rooms without bath, single, \$4.50 to \$5; double, \$9 to \$10. Rooms with bath, single, \$7; double, \$12 to \$14.

Plaza—Pacific Avenue; rooms without bath, single, \$5 to \$6; double, \$9 to \$10. Rooms with bath, single, \$7 to \$8; double, \$12 to \$14.

Eastbourne—Pacific Avenue; rooms without bath, single, \$4.50 to \$5.50; double, \$8 to \$9. Rooms with bath, single, \$7 to \$8; double, \$10 to \$12.

Official Instructions to Delegates for the Twenty-fifth Convention of the American Nurses' Association, Atlantic City, N. J., May 17 to 22

Headquarters.—The Chalfonte-Haddon Hall will be the headquarters, and registration will be at the Steel Pier. Registration will begin on Monday, May 17.

Delegates who have not made reservations should do so at once.

It is urgently requested that, in making reservations at the hotels, as far as possible nurses plan to take rooms with some one else.

Representation.—Each State Association is entitled to one delegate for every fifty of its members. State Associations of fifty or less are entitled to one delegate.

Credential cards will be sent to each state secretary for the number of delegates to which the State Association is entitled. These cards must be signed by the Secretary or the President of the Association. All delegates must be active resident members of the state which they represent. If a delegate is sent with

several votes, she must carry a credential card for every vote. Proxy votes are allowed only in the election of officers.

Registration.—The registration of all delegates will be conducted by the Atlantic City Convention Bureau co-operating with the American Health Congress. Delegates and guests must present themselves at the general registration desk at the left as they enter the Steel Pier. The registration fee will be \$1. There will be a representative of the American Nurses' Association available at the registration desk to answer questions and to assist in the registration of the delegates of the American Nurses' Association.

At the time of registration delegates will be furnished with a ballot and a badge. Therefore, it is important that every delegate be in possession of her credential card before appearing at the registration desk.

A meeting of the Advisory Council is called for Saturday, May 15, at 2 p. m. State presidents and other members of the council should plan to reach Atlantic City not later than Saturday morning.

Transportation

A reduction of one and one-half fare on the "Certificate Plan" will apply for members attending the Biennial Nurses' Convention to be held at Atlantic City, May 17 to 22, and also for dependent members of their families, and the arrangement will apply from the territory named by the Passenger Associations.

A special arrangement with the various Railroad Passenger Associations of the United States has been made whereby a one and one-half fare rate from all parts of the United States to Atlantic City has been scheduled for

the convention. This arrangement is on the certificate plan. The following instructions and limitations with regard to the certificate plan should be observed.

1. Be sure that when purchasing your going ticket you request a Certificate. Do not make the mistake of asking for a receipt.

2. Present yourself at the railroad station for ticket and certificate at least thirty minutes before departure of train on which you will begin your journey.

3. Certificates are not kept at all stations. If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a through ticket and at the same time ask for and obtain a certificate to the place of meeting.

4. Immediately on your arrival at the meeting present your certificate at the Transportation Desk for endorsement by the representative of your respective organization, as the reduced fare for the return journey will not apply unless you are properly identified as provided for by the certificate.

5. Arrangements have been made for validation of certificates by a special agent of the carriers.

6. No refund of fare will be made on account of failure to obtain either a proper certificate or to have the certificate validated.

7. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is contingent on an attendance of not less than 250 members of the organization at the meeting and dependent members of their families, holding regularly issued certificates obtained from agents at starting points showing payment of regular one-half tariff fare of not less than 67 cents on going journey.

8. Return ticket issued at the reduced fare will not be good on any limited train on which such reduced fare transportation is not honored.

A copy of this letter of instructions should be given to each delegate for reference.



Ida F. Butler, Elinor Beebe and G. H. Bowling attended the Women's Industrial Conference in Washington, D. C., as the official delegates of the American Nurses' Association.

A resolution was passed at the meeting recommending that the Women's Bureau of

the United States Department of Labor make a study of the subject of the equality of men and women in industry and refrain from taking any position upon the question while it is pending before Congress and the state legislatures.

Mrs. Jessie F. Peterson has been appointed chairman of the Nurses' Relief Fund Committee to succeed Elizabeth F. Golding, who resigned. Mrs. Peterson is known for her years of service in behalf of the Nurses' Relief Fund, and brings an unusual background of knowledge and sympathy to the work.

Nurses' Relief Fund

REPORT FOR JANUARY, 1926

Balance on hand, Dec. 31, 1925	.....	\$30,801.24
Interest on bank balances	.....	13.03
Interest on bonds	.....	156.25

Contributions

Alabama: Mobile Graduate Nurses' Association, \$22.50; Dist. 1, \$19.30; Dist. 5, \$3.30; Dist. 6, \$2.80; Dist. 7, \$1.10	.....	49.00
California: Dist. 1, Alameda County, \$33; Dist. 3, Humboldt County, \$3; Dist. 4, Kern County, \$5; Dist. 5, Los Angeles County, \$27.50; one individual, \$1; Dist. 7, Sacramento County, \$9; Dist. 13, Santa Cruz County, \$3; Dist. 16, Orange County, \$4; Dist. 22, Pasadena County, \$24.50	.....	110.00
Colorado: State Nurses' Association	.....	38.00
Connecticut: Grace Hosp. Alum. Assn., New Haven, \$50; Conn. Training School Alum. Assn., New Haven, \$100; Danbury Hosp., Danbury, \$20; Middlesex Hosp. Alum. Assn., Middletown, \$17; Hartford Hosp. Alum. Assn., individual members, \$40; St. Vincent's Hosp. Assn., individual members, \$12; individual member, \$1; interest, \$1.33	.....	241.33
Georgia: Dist. 2, University Hosp. Alum. Assn., \$25; individual members, \$65	.....	90.00
Illinois: Alum. Assn., Illinois Tr. School for Nurses, Chicago	.....	50.00
Indiana: Indianapolis, Methodist Hosp. Alum. Assn., \$85; Evansville, Protestant Deaconess Hosp. Alum. Assn., \$26; Ft. Wayne, St. Joseph's Hosp. Alum. Assn., \$30; Lutheran Hosp. Alum. Assn.	.....

ON THE BEACH AT ATLANTIC CITY

\$12; Minawauka, St. Joseph's Hosp. Alum. Assn., \$18; individual members, \$13-----							
Maine: Eastern District-----	184.00						
Maryland: Alum. Assn. of Union Memorial Hosp., Baltimore -----	7.00						
Massachusetts: Worcester Memorial Hosp. Alum. Assn., \$5; Bristol County Branch, \$15; McLean Hosp. Alum. Assn., \$5; one individual, \$1-----	182.00						
Michigan: Detroit Dist. Women's Hosp. Alum. Assn., \$23; Saginaw Dist., \$34.50; Marquette Dist., \$13 -----	26.00						
Missouri: Trinity Lutheran Hosp. Alum. Assn. -----	70.50						
Nebraska: State Nurses' Association, \$234; Dist. 1, \$10-----	61.00						
New Hampshire: Elliot Hosp. Alum. Assn., Manchester, \$25; Claremont General Hosp. Alum. Assn., \$5 -----	244.00						
New Jersey: Individual, Montclair, \$1; Dist. 1, individual members, \$6 -----	30.00						
	7.00						
New York: Dist. 2, student body, St. Mary's Hosp., Rochester, \$15; Dist. 3, student body, Arnot Ogden Memorial Hosp., Elmira, \$30; Dist. 4, St. Joseph's Hosp. Nurses' Alum., Syracuse, \$25; Dist. 6, collected at annual meeting, \$6.55; Dist. 7, Utica State Hosp. Nurses' Alum., \$25; Dist. 8, Saranac Lake, \$50; Dist. 10, \$25; Dist. 12, Poughkeepsie, \$5; Dist. 13, Lenox Hosp. Nurses' Alum., \$25; Flower Hosp. Nurses' Alum., \$10; Sydenham Hosp. Nurses' Alum., \$11; three individuals, \$11; Dist. 14, \$150; Brooklyn Hosp. Tr. Sch. Alum. Assn., \$25 -----						413.55	
Oklahoma: Baptist Hosp. Alum. Assn. -----						10.00	
Rhode Island: Memorial Hosp. Nurses' Alum. Assn., Pawtucket-----						25.00	
Texas: Dist. 1, \$14; Dist. 2, \$26; Dist. 5, \$30; Dist. 11, Wichita Falls, \$35 -----						105.00	
Wisconsin: State Nurses' Assn.,							

\$100; Dist. 6, \$98; Dist. 8, \$15; Dist. 11, \$11; Milwaukee Maternity and General Hosp. Alum. Assn., \$15; Kenosha Hosp. Alum. Assn., \$10; Plymouth Hosp. Training School, \$2; 75 individual members, \$308.50	559.00
Total receipts	\$33,473.40
<i>Disbursements</i>	
Paid to 91 applicants	\$1,360.00
Postage	41.00
Mimeographing	1.00
Exchange on checks	1.20
Interest on American Nurses' Association Nurses' Relief Fund Savings Account left in that account	13.03
Total disbursements	1,416.23
Balance on hand, Jan. 31, 1926	\$32,057.17
Balance in American Nurses' Association Nurses' Relief Fund Savings Account	5,127.17
Invested Funds	83,531.14
	\$120,715.48

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries and requests for leaflets and other information, address the Director at the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund Committee

The annual meeting of the Isabel Hampton Robb Memorial Fund Committee was held at the Hotel Pennsylvania, New York, on January 19, with five members and one ex-officio member present. Contributions to the Scholarship Fund during 1925 amounted to \$1,012.10, enough to provide the four scholarships granted. The resignation from the committee, of Miss Dunlop of Philadelphia was accepted. The vacancies on the Committee

were filled by vote of the members, Mrs. Eden of Philadelphia and Miss Burgess of New York, being chosen. It was decided to offer five scholarships of \$250 each for the year 1926-'27. Applications must be on file by May 1, 1926. The report of the McIsaac Fund showed that the outstanding loans amount to \$1,750. Officers were re-elected: Chairman, Ebie M. Lawler, Baltimore; secretary, Katharine DeWitt, Rochester, N. Y.; treasurer, Mary M. Riddle, Munsey, Pa. The other members of the Executive Committee, also re-elected, are: Anna C. Maxwell, New York, and Clara D. Noyes, Washington. Application blanks and announcements may be obtained from the Secretary, Katharine DeWitt, care *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

The Isabel Hampton Robb Memorial Fund

REPORT TO FEBRUARY 9, 1926

Previously acknowledged	\$30,358.94
Connecticut: Conn. Training Sch. Alum., New Haven, \$42; Middlesex Hosp. Alum. Assn., Middletown, \$16.50; Hartford Hosp. Alum. Assn., individual members, \$20; St. Vincent's Hosp. Alum. Assn., Bridgeport, \$12	90.50
Massachusetts: Faulkner Hosp. Alumnae Assn., Boston	10.00
New York: Brooklyn Hosp. Alum. Assn	5.00
	\$30,464.44

MARY M. RIDDLE,
Treasurer.

The McIsaac Loan Fund

REPORT TO FEBRUARY 9, 1926

Balance, January 9, 1926	\$605.29
<i>Receipts</i>	
Connecticut: Conn. Training Sch. Alum., New Haven, \$42; Middlesex Hosp. Alum. Assn., Middletown, \$16.50; Hartford Hosp. Alum. Assn., individual members, \$20; St. Vincent's Hosp. Alum. Assn., Bridgeport, \$12	90.50
Massachusetts: Faulkner Hosp. Alum. Assn., Boston	10.00
New York: Brooklyn Hosp. Alum. Assn.	5.00
Total	\$710.79

<i>Disbursements</i>	
By loan	200.00
Balance, February 9, 1926	\$510.70

MARY M. RIDDLE,
Treasurer.

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

National League of Nursing Education

TICKET OF NOMINATIONS FOR 1926

For President

Carrie M. Hall, Boston, Mass.; Louise M. Powell, Cleveland, Ohio.

For First Vice President

Mary M. Pickering, San Francisco, Calif.; Elsie M. Lawler, Baltimore, Md.

For Second Vice President

Marion L. Vannier, Minneapolis, Minn.; Mary A. Wehle, Grand Rapids, Mich.

For Secretary

Ada Belle McCleery, Evanston, Ill.

For Treasurer

Marion Rottman, New York, N. Y.

For Directors

(Four to be elected): Mary M. Roberts, New York, N. Y.; S. Lillian Clayton, Philadelphia, Pa.; Julia Stimson, Washington, D. C.; Mary C. Wheeler, Detroit, Mich.; (Mrs.) Ethel Clarke, Indianapolis, Ind.; Claribel Wheeler, St. Louis, Mo.; Shirley Titus, Ann Arbor, Mich.; Sally Johnson, Boston, Mass.

When the March *Journal* reaches its readers, there will be just about two and one-half months before the Biennial Nursing Convention, held this year as a part of the American Health Congress at Atlantic City, May 17-22. Members of the National League of Nursing Education are urged to make their reservations early, using the card mailed to them by the Secretary. An attendance of about 7,000 is anticipated. The reduction in fare to one and one-half for the round trip, is practically assured.

As this word goes to press, the Committee on Program is busily engaged completing the schedule. More details on the program and other information incidental to the Congress

will appear in later issues of the *Journal*. Hotel Strand, as has already been announced, will be the Headquarters of the League.

Army Nurse Corps

Since the last report was submitted, December 7, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To station hospital, Fort Banks, Mass., 2nd Lieut. Margaret V. Garrity; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Mary Roberta Henry, Catherine E. Wick; to General Dispensary, Boston, Mass., 2nd Lieut. Agnes I. Skerry; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieut. Annie M. Shea; to Army and Navy General Hospital, Hot Springs, Arkansas, 2nd Lieut. Joan G. Mackenzie; to station hospital, Fort Leavenworth, Kans., 2nd Lieut. Elsie Robbins; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Margaret M. Shook, Emily M. Hanson, Ethel I. Hippis; to station hospital, Fort Riley, Kans., 2nd Lieut. Marcella Obrien; to station hospital, Fort Sam Houston, Texas, 2nd Lieuts. Elsie J. Wiggs, Ella J. Brown, Mary B. Robinson, Alice McCauley; to station hospital, Fort Sill, Okla., 2nd Lieut. Mabel M. Lesley; to station hospital, Fort Totten, N. Y., 2nd Lieuts. Margaret M. Millington, Ida L. Langenheder; to station hospital, West Point, N. Y.; 1st Lieut. Angelina L. Staples, 2nd Lieut. Dorothea Johnston; to Walter Reed General Hospital, Washington, D. C., 1st Lieut. Elizabeth V. Messner, 2nd Lieuts. Anna F. O'Donnell, Martha H. Velo, Minnie O. Velo, Mary A. Herbert; to the Hawaiian Department, 2nd Lieuts. Lena M. Mizelle, Celena A. Finnegan, Bertha Appleman, Marjorie Benjamin, Lydia Rodgers; to the Philippine Department, 2nd Lieuts. Mabel B. Williams, Mildred L. Sargent, Frances C. Henchey, Margaret M. Kennedy, Eleanor E. O'Neill, Mabel G. Primer, Estella Whitehead, Elsie M. Wolford, Annie G. Slater, Cora E. Collison, Adalissa Mattson.

Twelve have been admitted to the corps as 2nd Lieutenants and assigned to stations.

The following named are under orders for separation from the corps: Elizabeth M. Reamer, Anna M. Moloney, Emma Larsen, Edna Boyd, Josephine Brown, Mermel D. Wosner, Priscilla G. Vincent, Mary Belle Hickey, Helen Dittrich, Elodie Wilson, Anastasia Ibrom, Vera L. Wagner, Nellie Waddington, Harriet H. Clogston, Josephine A. Lundberg, Florence C. Caukin, Shirley M. Gilkerson, Florence Grebin, Alida Vander Ord,

Fanny L. G. Hurley, Eleanor V. Pike, Eileen Teer, Florence M. Crocheron, Mary M. Beasley, Bessie Hart, Mina M. Benson, Agnes Sumner, Annie Lou Ogleby, Edith Zeima Owens, Mildred Cox, Helen M. Walk, Gertrude Laurisch, Ella Hutt, Selma Gilbertson, Bernice McCrookey.

JULIA C. STRASSER,
Major, Superintendent, Army Nurse Corps.

Navy Nurse Corps

REPORT FOR JANUARY, 1926

Assignments: Three.

Transfers: To Annapolis, Md., Eunice L. Gotwah, Grace B. Lally; to Canacao, P. I., Emma L. Hehir, Chief Nurse, Bertha C. Bennett, Elizabeth M. O'Brien; to Charleston, S. C., Beulah A. Buchanan; to Guantanamo Bay, Cuba, Fern M. Andre; to Guam, Sue S. Dauser, Chief Nurse, Lois M. Harkness, Gertrude M. Dean; to League Island, Pa., Pauline J. Paushen, Margaret M. Fitzpatrick; to Mare Island, Calif., Helen S. Wood, Katherine E. Greer, Eva C. Todd; to Newport, R. I., Adah L. Farnsworth, Marie I. Luckins; to Norfolk, Va., Anastasia S. Grabowska, Caroline B. Driscoll, Esther L. Klein; to Pearl Harbor, T. H., Belle Soitz; to Parris Island, S. C., Rose M. Culbertson; to Portsmouth, N. H., Virginia A. Rau, Chief Nurse; to Puget Sound, Wash., Pearl T. Hull, Ada E. Welty; to Quantico, Va., Muriel H. Neate; to San Diego, Calif., Lona Smith, Gertrude E. Zollman, Olga A. Osten, Florence M. Field, Harriet A. Harris; to Washington, D. C., Lillian May Adams, Helen J. Lord; to Washington, D. C., Naval Medical School, Julia Lennon.

Honorable Discharge: Bess C. Sanderson, Louise H. Clarke.

Resignations: Mildred I. Berens, Mary E. Gill, Frances R. Grininger, Althea F. Kilgore, Ellen R. Holliday, Ima Mitchell.

The death of Addie Bell Cummings, Nurse, U.S.N., occurred at the Naval Hospital, San Diego, California, on January 26, after a brief illness. Miss Cummings had been a member of the Navy Nurse Corps for more than four years and had endeared herself to her associates. She was an excellent nurse, a trained dietitian and a woman of fine character. Her death is a distinct loss to the Navy Nurse Corps and to the nursing profession. Miss Cummings was a graduate of the School of Nursing of the Hospitals of the Graduate School of Medicine of the University of Pennsylvania, Philadelphia.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service Nurse Corps

REPORT FOR JANUARY, 1926

Assignments: Nine.

Transfers: To Portland, Maine, Harriet Small; to Buffalo, N. Y., Florence Karpowicz; to Ellis Island, N. Y., Cora Miller; to Port Townsend, Wash., Monetta Berlis; to San Francisco, Calif., Margaret Dorweiler; to Industrial Hygiene Investigation, Greenville, S. C., Sara Gray.

Reinstatement: Ida Martinson.

LUCY MIDWICKERODD,
Supt. of Nurses, U.S.P.H.S.

U. S. Veterans' Bureau Nursing Service

REPORT FOR JANUARY, 1926

Assignments: Forty-six.

Transfers: To Livermore, Calif., Jessie F. Geesner; to Aspinwall, Pa., Florence Pelton, Katherine Moynihan, Margaret Van Ness, Sara A. Clagett, Lucille Edwards; to New York, N. Y., Helen W. Cairns; to Alexandria, La., Allie Bransell; to Chillicothe, O., Myrtle S. Gilles, Marie R. Mulligan, Alice B. Curran, Mary E. Wiseman, Anna C. Holliday; to Philadelphia, Pa., Lena M. Kaufman, Elizabeth Wester, Gladys Andrews; to Muskogee, Okla., Ruby B. Davis; to Tucson, Ariz., Rose Bannigan; to Washington, D. C., Marion E. Stevenson, Thyna E. Pederson; to Knoxville, Iowa, Bernice George; to Boise, Idaho, Jessie Durand; to Rutland Heights, Mass., Viola T. Lurch; to North Little Rock, Ark., Katherine J. Hardy; to Gulfport, Miss., Mayme D. Hall; to Camp Custer, Mich., Marion L. Humphrey; to Fort Bayard, N. M., Louise V. Culpepper; to San Fernando, Calif., Carrie Jewett, Nellie Gifford, Minnie Babcock; to Excelsior Springs, Mo., Emma Caldwell Reeves; to Perry Point, Md., Ollie Branch; to Waukesha, Wis., Louise Frenette, Rose Zorn.

MARY A. HICKEY,
Superintendent of Nurses.

U. S. Civil Service Examination

The United States Civil Service Commission announces the following open competitive examination: Graduate Nurse, Graduate Nurse (Visiting Duty).

Applications for these positions will be rated as received until June 30. The examinations are to fill vacancies in the Departmental Service, Washington, D. C., in the United States Veterans' Bureau, and in the Indian and Public Health Services.

Full information and application blanks

may be obtained from the United States Civil Service Commission, Washington, D. C., or the secretary of the board of U. S. Civil Service examiner at the post office or custom house, any city.

Katherine Olmsted, Chief, Division of Nursing, League of Red Cross Societies, Paris, France, is now in this country and will remain until after the American Health Congress in May. Miss Olmsted is spending considerable time at National Nursing Headquarters; she plans to make a series of observation visits in order to bring herself up to date on nursing and health activities at home. Miss Olmsted's position is one of world-wide influence in nursing, as the League is called on to advise on the organization both of schools of nursing and of public health nursing.

Sara E. Adams, author of "Santo Tomas Hospital School for Nurses," which appeared in the February *Journal*, has resigned her position as Directress of that school and is now in Santiago, Chile, where she will organize a government school for visiting nurses.

State News:

Alabama: Birmingham.—DISTRICT No. 1 held its annual meeting and election of officers, January 13, at the Business and Professional Women's Club Rooms, Miss Beddow presiding. The following officers were elected: President, Helen Stockton; vice presidents, Helen MacLean and Linna Denny; secretary-treasurer, Lucille Dugan; Fed. Secretary, Zoe LaForge; and two Directors. Sr. VINCENT'S ALUMNAE held their election of officers, February 3, with the following elected: President, Easie M. Dodd; vice presidents, Miss Houlihan and Miss Neibaus; secretary, Mrs. Van Merkenstyn; treasurer, Miss C. Moultrie; and two directors. The annual banquet and reunion was held on February 16, at the Axis Club, with an elaborate program.

Arizona: The annual convention of the ARIZONA STATE NURSES' ASSOCIATION will be held in Yuma, April 5 and 6. A large attendance is expected, as the nurses are planning a motorcade from all parts of the State. Yuma County is officially known as District 7, and was organized only a year ago. The enthusiasm and interest shown by its members, is an inspiration and they are looking forward with great pleasure to the meeting there. Early in January, the STATE BOARD OF NURSE EXAMINERS held their annual meeting and election of officers in Phoenix. A meeting of the State Directors was held at the same time,

also the Superintendents of Schools of Nursing, and the Legislative Committee. These were followed by a joint meeting of the above, and all problems were brought forward for discussion. A better understanding was reached than ever before, and all adjourned feeling that a foundation for really constructive work in which all are taking part, was laid. A revision of the Registration Law is planned; the State President takes this opportunity to gratefully acknowledge the courtesy of the secretaries of the Boards of Examiners of the different states, who responded with such promptness to the request for copies of their laws. Arizona is a widely scattered community, with many knotty problems, but there are three schools of nursing of which the members are very proud, and it is hoped, with the support of the American Nurses' Association, to have some problems solved before many months are passed.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold its spring meeting in Denver, April 19 to 24, 1926, to examine nurses for a license to work in Colorado. Apply to the secretary, Louise Perrin, Capitol Building, Denver, Colorado.

Connecticut: The three state nursing associations of Connecticut held their annual meetings in Bridgeport, January 26-28. The meeting on the first day, January 26, was that of the Connecticut Organization for Public Health Nursing. Margaret A. Wales, General Director of Nurses, Henry Street Settlement, New York, read a very able paper on Communicable Disease Nursing. Dr. Millard Knowlton, Director of the Bureau of Communicable Diseases, Connecticut State Department of Health, opened the discussion. This meeting was a joint meeting with the Directors' section. The business session was held in the afternoon, the speaker being Elizabeth G. Fox, President National Organization for Public Health Nursing, the subject, 'The Obligation of Opportunity. The following officers were elected: President, Lucy Bartram, Terryville; vice presidents, Louise Spence, Bridgeport, and Abbie M. Gilbert, Middletown; secretary-treasurer, Mabel Macdonnell, Stamford; councillors, Margaret Barrett, Evelyn Law, Margaret K. Stack, Elizabeth Smith and Nancy Kromer. Tea was served by the Bridgeport Visiting Nurse Association. A joint meeting was held on the evening of the 26th. The speaker, Prof. Carl Young of Yale University; subject, Shakespeare for Everybody. The twenty-first annual

meeting of the Graduate Nurses' Association opened January 27, with greetings from the Presidents of the Alumnae Associations of St. Vincent's and Bridgeport Hospitals. The speaker of the morning, Miss Annie W. Goodrich, really took us to the Helsingfors Convention. The afternoon was given over to the business of the Association. There were three-minute reports from affiliating alumnae associations telling of their progress during the past year. The organization voted to have a central headquarters at Hartford with a full time secretary and stenographer, to amalgamate the three state nursing associations (having one State Nursing Association with the other groups functioning in sections) and to establish a method of collecting systematically each year for the Robb, McIsaac and Nurses' Relief Funds. In the evening a banquet was enjoyed with entertainment and music. The following officers were elected: President, Abbie M. Gilbert, Middletown; vice presidents, Margaret Barrett, New Haven, and Rachel McConnell, Hartford; secretary, Amber L. Forbush, 46 Durham Avenue, Middletown; treasurer, Anne Richter, Bridgeport; re-elected directors, Tillie Schasack, Marcella Heavren. The annual meeting of Connecticut League of Nursing Education was opened on January 28. The speaker of the morning was Dr. Frederick Brush of the Burke Foundation, New York; subject, Nurse Relations to the Newer Convalescent Program, illustrated. At the afternoon meeting, Elsa Schmidt of New York gave an interesting paper on Institutes. The following officers were elected: President, Harriet Leck; vice presidents, Helen Nivison, Derby, and Maude Traver; secretary, Mary G. Trits, Hartford; treasurer, Helen G. Lee; councillors, Annie W. Goodrich and Irene Wilson. **Hartford.**—At the annual meeting of the HARTFORD HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION, held on December 10, the following officers were elected: President, Winifred Hardiman; vice presidents, Agnes Post, Eva Crowdis; secretary, Marie Johnson; treasurer, Edith Davis, and five councillors. Chairman of committees are: Program, Gladys Pease; entertainment, Catherine Schultz; *Bulletin*, Mrs. Anastais La Fleur; Ways and Means, Sue Hevenor. **Winsted.**—THE LITCHFIELD COUNTY HOSPITAL held exercises for a class of nine on December 3, at the Second Congregational Church. The address was given by Dr. T. E. Reeks. Diplomas and pins were awarded by Elliott B. Bronson.

Delaware: The annual meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE

NURSES was held on January 26, at the Delaware Hospital, Wilmington. Fifty members were present. The business meeting was followed by supper served in the Staff dining room, and in the evening a delightfully planned program was carried out. Music and readings were enjoyed. Mary A. Moran, the retiring President, in her address, told of her seven years of pleasant association with the nurses of Delaware,—six years as president and one year as vice president. She also gave a brief history of the Association, beginning with its organization in 1911. She paid a high tribute to Hon. Thomas F. Bayard, who gave such help at the time of incorporation in 1919. Miss Moran also spoke with pride of the speakers we have had with us at various times, women of national and international repute in the nursing world, who brought big things of interest from the national point of view. Among these were: Ada Eldrege, Anna Jamme, Miss Fox, Mrs. Greeley, Clara D. Noyes, Miss Brink and Helen Greaney. In closing Miss Moran urged a 100 per cent subscription to the *Journal* for Delaware, and especially urged every nurse to support the Nurses' Relief Fund. She also expressed the wish that as many as possible would attend the convention of the A. N. A. to be held in Atlantic City in May. The annual election resulted in the following being declared officers for 1926: President, Mrs. Helen T. Wischart; vice presidents, Caroline E. Sparrow and Mrs. Etta Turk; treasurer, Evelyn B. Hayes; secretary, Ione Ludwig; directors, Mrs. Estelle Speakman and Susan S. Young. Mrs. Wischart gave a brief address and in behalf of the association presented to Miss Moran a traveling clock, gold pen and pencil, a small token of the deep appreciation of each member for her able leadership. Every one expressed regret at her departure to Philadelphia to accept a position at St. Luke's Hospital.

District of Columbia: Washington.—The January meeting of the District of Columbia League of Nursing Education took rather a unique form in that after a brief business meeting, the members were personally conducted through the Freer Art Gallery by the Curator. Because of the background of history and tradition which was so carefully given by the Curator, it was possible for the group to understand more clearly the value and beauty of this priceless collection.

Georgia: Atlanta.—The February meeting of the FIRST DISTRICT ASSOCIATION was

held in the new Headquarters, 41 Forrest Avenue. The program was in the nature of a Valentine meeting. The valentines were nursing subjects. There was one on *The American Journal of Nursing*, showing how it could be used as an educational force in nursing. There was one describing the value of the Headquarters Office. There was one on the cultural value of special nursing and one on Public Health Nursing, in the nature of a demonstration showing the use of the nurse's equipment, bag, etc., in the home, from an educational standpoint. After the meeting a social hour was enjoyed. The Public Health Section held its meeting just following this. The Educational Section held a special meeting on the 15th at which the article in the January number of the *Atlantic Monthly* on The Art of Examination, by A. Lawrence Lowell was discussed and future programs prepared.

Illinois: Chicago.—THE FIRST DISTRICT ASSOCIATION held a housewarming in its new headquarters and club rooms, on the 16th floor of the building at 116 South Michigan Avenue, on January 22. THE CENTRAL COUNCIL OF NURSING EDUCATION held its sixth annual meeting on February 4. Reports were given by the secretary and treasurer and addresses on Our Educational Program by Evelyn Wood, Executive Secretary, and on A Layman's Viewpoint of Nursing Education by Mrs. James A. Patten. THE RAVENSWOOD HOSPITAL SCHOOL OF NURSING held a reception for the Preliminary class on January 22. Caps were presented, the hospital pledge was renewed, music and dancing were enjoyed. Sr. Anna's HOSPITAL ALUMNAE held their annual meeting on January 5. Membership has increased during the past year; a Christmas gift was presented to the Mother Superior to be used toward the building fund; a Bingo party was held to raise funds for the International Catholic Guild for Nurses; a loan and Emergency Fund has been established. A REGIONAL INSTITUTE for health workers will be conducted from March 8 to 20 at the University of Chicago by the National Tuberculosis Association and the Chicago Tuberculosis Institute. This is for people in all near-by states as well as in Chicago and Illinois. It is of interest chiefly to nurses and social workers who wish to become more familiar with the field of public health, particularly in regard to the treatment and prevention of tuberculosis.

Iowa: Frances G. Hutchinson has been

appointed Secretary of the IOWA BOARD OF NURSE EXAMINERS, succeeding Miss Kretschmar, who is ill. Davenport.—DISTRICT 6 held its annual meeting on January 21, in the Davenport Public Library. Officers elected are: President, Elizabeth Grossman; vice presidents, Grace Van Evera, Lillian Phelan; secretary, Nellie Bagley; treasurer, Alice Kistenmacher. After the business session, the members were entertained by Miss Bender who has spent several years in Egypt as a teacher. MARY HOSPITAL ALUMNAE met on January 12 and elected: President, Mary Fitzpatrick; vice presidents, Eileen Dyer, Kathryn Kelley; secretary, Estella Mallette; treasurer, Mary Showalter. Alice Morrissey and Irma Sierk have accepted positions in the University Hospital, Madison, Wis.

Kansas: THE KANSAS STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for State Registration in the State House, Topeka, May 4-5, 1926. The Board asks that application for this examination be made by April 10, to M. Helena Hailey, Secretary, 961 Brooks Avenue, Topeka.

Kentucky: Members of the KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will make their headquarters in Atlantic City at the Hotel Raleigh during the biennial convention of the national associations. They hope to welcome the Association to Louisville in 1928.

Louisiana: The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and Shreveport, May 3 and 4, 1926. For further information, address Julie C. Tebo, Secretary, 27 Cusachs Building, New Orleans.

Maine: THE MAINE STATE NURSES' ASSOCIATION held its annual meeting in Bangor, January 8 and 9. A report will appear next month. Officers elected are: President, Edith L. Soule, Augusta; vice presidents, Rachel A. Metcalfe, Lewiston, and Mabel Blanchard, South Portland; secretary, Mrs. Theresa R. Anderson, 42 Elm St., Bangor; treasurer, Mrs. Lou S. Horne, Portland. The Public Health Section has as chairman, Louise P. Hopkins, Bangor; secretary, Della Russell, 27 Holyoke St., Brewer. Portland.—The annual meeting of the WESTERN DISTRICT NURSES' ASSOCIATION was held on January 20, at the Lafayette Hotel. The following officers were elected: President, Mrs. Jane Prevost; vice presidents, Helen R. Lewis and

Mary E. Campbell; secretary, Minnie Douglass; treasurer, Myra Foote, and two directors. During the past year two alumnae associations have affiliated with the District Association. The business meeting was followed by dinner and dancing, at which the Senior Classes of several of the Schools of Nursing were entertained by their Alumnae Associations.

Maryland: The twenty-third annual meeting of the MARYLAND STATE NURSES' ASSOCIATION was held in Baltimore, in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association on January 26, 27, 28, 1926. The business session of the Maryland State Nurses' Association was held in Osler Hall on Tuesday morning. The meeting was opened with prayer by Rev. Edmund H. Gibson, B.S.M.H., Rector of Trinity Church, Ten Hills, Baltimore. Elsie M. Lawler, in her address as President, urged more interest in national affairs, as we gain in membership and increase our activities in the affairs of the State Association. At this session reports were read by the presidents of the Maryland State Board of Examiners of Nurses and of the Central Directory of Registered Nurses, Inc. Both reports showed an increase of activities, and the State Board announced that a complete official list of all Registered Nurses in Maryland had been prepared and was ready for distribution. Annie Crighton, Secretary of the Middle Atlantic Division of the American Nurses' Association, gave a very full and interesting account of the Convention held in Washington in December. Sarah F. Martin, Executive Secretary, in her annual report urged that steps be taken to increase the membership of the State Association through both the alumnae and individual memberships. Reports of the standing committees were also read by the Chairmen. The afternoon session in Osler Hall was a joint meeting of the three nursing organizations. Hon. Albert C. Ritchie, Governor of Maryland, was the speaker on this occasion and when the roll was called, just before the Governor spoke, representatives responded from a large majority of the alumnae associations and accredited schools of nursing. Probably the largest attendance in the history of the organizations was present at this session. On Tuesday afternoon, a Round Table—Problems of Administration in the Schools of Nursing—was conducted by Dorothy D. Filler, Asst. Superintendent of Nurses, Johns Hopkins Hospital. And on Wednesday morning a Round Table—Teaching in the Schools of Nursing—was conducted by Hester

K. Frederick, author of Notes on Nursing Procedures. This part of the program was well attended, superintendents and instructors taking part in the discussions. Teas were given at the Johns Hopkins Hospital and at the University Hospital on Tuesday and Wednesday and were very enjoyable affairs. At the evening session on Tuesday, members were privileged to have as speaker, Edith J. L. Clapp, who gave a message from Headquarters that was so worthwhile and inspiring and with such charm of manner that all felt she had indeed shown the secret of how to make lives count for much in the different fields of service. Miss Clapp spoke to several small groups, and at Mercy Hospital she spoke to the student nurses. All felt that the Field Secretary had added much to the success of the annual meeting. On Wednesday evening, the members had as speaker, Elizabeth G. Fox, who is so well known in Maryland that her messages are always sure of being received with much attention and pleasure. On both evenings student nurses in uniform led the community singing under the direction of Agnes Zimmisch, Peabody Conservatory. The spirit of co-operation that brings these student nurses to the annual meetings means much not only to the State Association of today but for the future. On Wednesday afternoon, a Red Cross meeting with Clara D. Noyes as the speaker, was held in the Medical Amphitheater of the Johns Hopkins Hospital. Miss Noyes was listened to very attentively as she related what the Red Cross nurses were doing in so many fields of service and as she urged an increase of interest and membership of the Maryland nurses. Helen M. Erskine spoke also at this meeting and received a warm welcome from her many friends. On Thursday morning, nurses assembled in the amphitheater of Mercy Hospital and watched with much interest the practical demonstrations given by the nurses of Mercy and St. Agnes hospitals under the able direction of Sister Anna and Sister Beatrice. On Thursday afternoon, the Maryland State Public Health Nurses' Association held a business session, followed by a Round Table—Public Health Nursing in Maryland—conducted by C. Ethel Monroe, Director of Nursing, State Department of Health. Well known leaders in the fields of Public Health Nursing in Maryland discussed different phases of their work. An exhibit of treatment trays, in Osler Hall, sent from different hospitals all over the State, attracted a great many nurses and was most instructive. This exhibit was assembled by Martha E.

Friend, a member of the State Board of Examiners of Nurses. The State Board of Health sent several interesting exhibits. The *Journal* table and collection of nursing books were most helpful. The meeting closed on Thursday night with a dinner at the Hotel Rennert. Miss Lawler presided in her own characteristic manner and introduced the speakers. Dr. W. T. Longcope of the Johns Hopkins Hospital spoke on The Nurse in the Community. Rev. Oscar T. Olson spoke on the Values of Today. Mary M. Roberts, Editor of the *Journal*, told many things about the *Journal* and pointed out that those who do not read or subscribe for it lose an opportunity for help which nothing else can give. Miss Roberts also told of the time and interest that are given by the leaders of our profession as they assemble to discuss our problems. The dinner was very enjoyable and it seemed a very happy way to close what proved to be one of the most successful annual meetings. Officers elected are: President, E. M. Lawler; vice presidents, Jane E. Nash and Jane B. Newman; secretary, Sarah F. Martin; treasurer, Mary I. McGann; directors, M. Evelyn Walker, Lillian K. McDaniel. MARYLAND STATE LEAGUE OF NURSING EDUCATION, President, Annie Crighton; vice president, Mrs. William S. Bridges; secretary, Edna S. Calvert; treasurer, Louise Savage; board, Jane E. Nash, Loula Kennedy, Hester K. Frederick and Mary C. Packard. MARYLAND STATE PUBLIC HEALTH NURSES' ASSOCIATION—President, Lillian McDaniel; vice presidents, Mrs. Daisy B. King and E. M. Immler; secretary, Helen Blake; treasurer, Ethel Gluck; members of Board, Jane B. Newman, M. Evelyn Walker, Frances Etchberger, C. Ethel Monroe and Florence P. Colburn. EASTON.—THE NURSES' ALUMNAE ASSOCIATION OF THE EASTON EMERGENCY HOSPITAL held a card party in November at which \$105 was cleared to be used for classroom equipment.

Massachusetts: RESOLUTIONS UPON THE RETIREMENT OF MARY M. RIDdle FROM THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES.—WHEREAS, Mary M. Riddle, Chairman of the Massachusetts Board of Registration of Nurses since its inception, has resigned from the Board: *Be it resolved*, That the Commonwealth of Massachusetts and we, the remaining members of the Board, have suffered a loss difficult to repair. Miss Riddle's unusual poise and good judgment, her never failing courtesy and gentleness in dealing with human frailties, have endeared her to all who know her. The beneficent influence of her

work and personality extend far beyond the confines of Massachusetts. Her long, sagacious and disinterested service as a member of this Board, as well as in other offices making for the improvement of nursing procedure and the safeguarding of health to our citizens, has placed upon us a lasting debt of gratitude. *Be it resolved* that these resolutions be spread upon the records of the Board, and a copy of them forwarded to Miss Riddle and to *The American Journal of Nursing*. (Signed) LUCIA L. JAQUITH, for the Board of Registration of Nurses. THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration, April 13 and 14. Applications should be filed fourteen days before the examination date. Frank M. Vaughan, M.D., Secretary, State House, Boston. BOSTON.—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held a meeting on January 7, at the Boston Nurses' Club. Twenty-one members were present. Reports of officers were given and three marriages were reported. Three chairs were presented to the Nurses' Hall as a Christmas gift from the Alumnae and the head nurses. It was recommended that Mary Young be made an honorary member. Miss O'Dwyer expressed appreciation for the fund raised to help two invalid nurses. The next meeting will be held on March 4. City officials and medical men assisted in ceremonies held on December 28, in laying the corner stone for the outpatient department of the CONSUMPTIVES' HOSPITAL. A few days later, bids were received for the CHRONIC DISEASE HOSPITAL on Parker Hill. Margaret Dieter has been appointed Superintendent of Nurses of the MASSACHUSETTS HOMEOPATHIC HOSPITAL. FRAMINGHAM.—Florence Gale Knight, class of 1924, Framingham Hospital, sailed for West Africa, in November, to do missionary work as a public health nurse at Cape Mount, Liberia. FRANKLIN.—A satisfactory INFANT WELFARE AND PRE-SCHOOL CONFERENCE was conducted by the State Department of Public Health under the auspices of the Franklin Nursing Association, on January 15. Fifty-two children were examined. The conferences will be continued every two weeks. Malden.

—Officers of the MALDEN HOSPITAL ALUMNAE ASSOCIATION are: President, Mrs. Arthur D. Gordon; vice presidents, Margaret McQuaid, Atarah D. Phillips; recording secretary, Margaret McQuaid; corresponding secretary, Leona S. Mellish; three directors. A reunion will be held in May which all the graduates of the school are invited to attend.

Michigan: Ann Arbor. — The regular meeting of the ANN ARBOR DISTRICT was held at the University High School, January 14. Professor Reuben Peterson gave a very interesting talk on the development of the graduate nurse and the training school in the past thirty-eight years. At a special meeting, January 19, Dr. Clarence C. Little, President of the University of Michigan, spoke to the nurses at the University Hospital. Following the address, a reception was given at Cousens Hall. Rose Simmonds, graduate of the London Hospital, London, England, visited the University Hospital in December. She is in the United States for a year, as a member of the Rockefeller Foundation and is studying the subject of Dietetics in various cities. Detroit.—The regular meeting of the DETROIT LOCAL LEAGUE OF NURSING EDUCATION was held at the Merrill-Palmer School, January 21. Mary C. Wheeler gave a most interesting talk upon the Grading of Training Schools which will be one of the developments in the educational world of nursing within the next few years. Winifred Rand was hostess. The regular meeting of the DETROIT DISTRICT ASSOCIATION was held at the Children's Hospital, on February 5. Doctor Lewis, Chief Pediatrition, Children's Hospital, gave a talk on Modern Tendency in Feeding of Infants. A demonstration was given by the nurses of the Hospital in Preparation of Lactic Acid Milk. Grand Rapids.—THE BLODGETT MEMORIAL HOSPITAL ALUMNAE ASSOCIATION at a meeting in September, voted to establish a scholarship fund for the use of the members. Plans for reviving the *Alumnae Journal* were made and the first issue of same was to be January 1, 1926. At this meeting Jean Neinhuis, class of 1919, a missionary in Amoy, China, gave an interesting talk upon her work there. Kalamazoo.—THE KALAMAZOO DISTRICT held its annual meeting on January 27 and elected as officers: President, Fantine Pemberton; vice presidents, Ingeborg Anderson, Mabel Churchill; secretary, Mary Muff; treasurer, Cora Druif, and three directors. On February 18, Mary C. Wheeler, General Secretary of the State Association, visited the District and spoke at a banquet held that evening. Lansing.—The annual meeting of the SIXTEENTH DISTRICT ASSOCIATION was held at the Central Temple House, on January 4. Mary C. Wheeler was guest and speaker for the evening. Her talk was very interesting and beneficial. After the banquet and program, officers were elected: President, Hazel

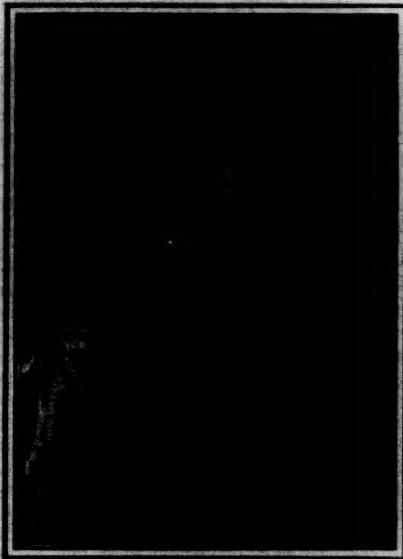
Dearth; first vice president, Anna Spaul; treasurer, Elizabeth Robinson; recording secretary, Ethel Mull; corresponding secretary, Mrs. Ada A. Hamilton, and three trustees.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold an examination on April 22, 23 and 24, beginning at 9 a. m., in St. Paul at the State Capitol; in Duluth, at the Administration Building, Department of Education, 220 N. 1st Ave., East; in Rochester, at St. Mary's Hospital. Should a sufficient number of applications be received from the western part of the state an examination will be held on the same date in Crookston at St. Vincent's Hospital. Nurses who will complete their course on or before June first may take the examination. Applications accompanied by the registration fee of \$15 are to be in the hands of the Secretary, Dora M. Cornelisen, 204 State Capitol, St. Paul, by April 10th. Applicants must bring a good fountain pen. Mary E. Gladwin, Director of Nursing Education for the state, was one of the principal speakers at the annual meeting of the Graduate Nurses' Association in Winnipeg, Canada, the last week in January. Minneapolis.—The annual meeting of the NORTHWESTERN HOSPITAL ALUMNAE ASSOCIATION was held January 5, the new officers are as follows: President, Helen Grant; vice presidents, Henrietta Givings, Alice Krick; secretary, Lola DaWalt; treasurer, Pearl Engen, and three directors. Montevideo.—THE MONTEVIDEO HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting, January 5, and elected: President, Marie H. Garle; vice president, Sandra R. Jacobson; secretary and treasurer, Charlotte Borene. Rochester.—The ALUMNAE ASSOCIATION OF St. Mary's HOSPITAL elected officers at the annual meeting in January: President, Martha Schmidt; vice president, Amorita Theviot; recording secretary, Agnes Larkin; treasurer and corresponding secretary, Sister M. Carmelita. St. Paul.—THE BETTERDA HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the Hospital, January 4, and elected officers for the coming year: President, Mrs. Ruth Montgomery; vice president, Helen Johansson; secretary, Selma Munson; treasurer, Margery Gustad. At Christmas time, the members brought Christmas cheer to some of their nurses who were ill. Winona.—THE WINONA GENERAL HOSPITAL ALUMNAE held their annual meeting, January 11, at the Nurses' Home. Officers elected are:

President, Esther Aldingro; vice presidents,

Elvira Knecht, Mrs. Joyce Brown; secretary, Grace D. Woods; treasurer, Henrietta Biltner; and four directors. THE WINONA GENERAL HOSPITAL held graduating exercises for a class of six, on February 16, in St. Paul's Parish House. The address was given by Rev. Francis M. Kelly. Dr. E. D. Keyes presented the diplomas. A reception followed the exercises.

Missouri: THE MISSOURI STATE LEAGUE OF NURSING EDUCATION has the following offi-



MRS MARY FENNAN

cers: President, Helen Farnsworth, Junior College, Kansas City; vice president, Claribel Wheeler, Washington University, School of Nursing, St. Louis; secretary, Irene Swenson, General Hospital, Kansas City; treasurer, Janette Bond, City Hospital, St. Louis. **COLUMBIA**.—THE SEVENTH DISTRICT ASSOCIATION held its annual meeting on January 28; 22 members were present. Following a luncheon at the "Inglenook," a business session was held. Reports of alumnae associations, standing committees, and from the delegate to the State Convention were read. The following are the officers for 1926: President, Mance Taylor; vice president, Louise Lauerman; secretary-treasurer, Blanche Ward. Mrs. Saidee Hausmann, Superintendent of University Hospital for the past three years, has

resigned and is at her home in St. Louis for the present. Louise Hilligass, former instructor in nursing at the University Hospital, has been appointed as Superintendent. Mrs. Helen Raymond, former Superintendent of Lucy Hastings Hospital, Manchester, N. H., has been appointed instructor in nursing. Louise Lauerman, Operating Room Supervisor at the Boone County Hospital, has resigned her position to become county nurse for Boone County. A County Health Unit has just been organized with headquarters in Columbia. Lorene Standish is also with the Unit. Florence Parsons, graduate of St. Luke's Hospital, Kansas City, has returned to Columbia to be Assistant Superintendent at the Boone County Hospital, Kansas City. —Mary A. Fennan, although totally deaf, graduated from the Children's Mercy Hospital of this city; she has been for five years supervisor of the Baby Department. It is said of her that "high intelligence and thorough understanding and love of little children have about completely offset her handicap." **St. Louis**.—At the annual meeting of the THIRD DISTRICT ASSOCIATION, January 18, the following officers were elected: President, Mrs. Walter Vornbrock; vice presidents, Mary Stephenson, Rose Ehrenfeld; and two directors.

Nebraska: DISTRICT No. 3 held its twenty-first meeting in Lincoln, on January 29, at the Lincoln Hotel. Sixty members were present from the District. Following the business meeting, the main topic of the morning was The Objectives of Nursing Education which was introduced by Marguerite Hunt, Principal of the School of Nursing, Dr. Benj. F. Bailey's Sanatorium, and the discussion was carried forward under divisional topics: By Developing Skill in Nursing Practice, Elizabeth E. Moore, Superintendent of Nurses, Orthopedic Hospital; By Teaching the Scientific Principles Underlying the Skill, Gertrude Warner, Instructor Lincoln General Hospital; By the Nurture and Developing of the Spirit of Service, Helen Gumezon, Instructor Dr. Benj. F. Bailey Sanatorium. The afternoon program was as follows: Playlet, The Nursing Care of a Tuberculous Patient, Students of Dr. Benj. F. Bailey's Sanatorium; Economic Loss Through Defective Hearts and Its Remedy, Dr. Stanley Clements; State Institutions, L. C. Oberlie, Member of the Board of Control. Lulu F. Abbott gave a report of the meetings of the Directors of the American Nurses' Association which she had been attending, in New York. The results of

election were: President, Louise Murphy; vice presidents, Sister M. Consolata, Mrs. James Campbell; secretary, Marguerite Hunt; treasurer, Mrs. W. Mac. H. Jones; and two directors.

New Hampshire: Keene.—At the January meeting of the Nurses' Alumnae Association of the ELLIOTT COMMUNITY HOSPITAL, Ruth Hemenway spoke on *The American Journal of Nursing*. **Laconia.**—The regular quarterly meeting of the LACONIA HOSPITAL ALUMNAE was held on January 22, at the Hospital. The names of four new members were presented. Plans were made for holding a military whist party, to raise funds for the treasury. A social hour followed with Miss Williams and Miss McReavy as hostesses. **Manchester.**—THE ELLIOTT HOSPITAL ALUMNAE were the guests of Mrs. Mary Ormiston, Superintendent of the Hospital, at their meeting, January 20, which was held in the new dining room. Thirty-one members and several guests were present. Ten new members were accepted; \$25 was voted to be given to the Nurses' Relief Fund; it was decided to send the President to each state meeting with expenses paid; and it was decided to invite the graduating class to a banquet each year. Dorothy Morse, who is in South America doing missionary work, was made an honorary member. A social hour with Bridge followed.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its annual meeting in Trenton on April 9. The field work of the General Secretary of the Association shows educational and professional development and growth in the state. Alumnae associations and principals of schools of nursing are seeking assistance from Headquarters on the following subjects: Opportunities in the nursing profession; What is good organization? How can alumnae associations develop a professional spirit and a sense of professional responsibility among members? What can we do to stimulate a more intelligent understanding of parliamentary rules in the conduct of our meetings? How can we bring the young graduates into the alumnae association? These inquiries lead to the conclusion that the field is ripe. At the annual meeting of the NEW JERSEY STATE LEAGUE OF NURSING EDUCATION, held on January 29 at the Newary City Hospital, the following officers were elected: Jessie Murdock, Jersey City Hospital, Jersey City, President; Anna E. Rice, Muhlenberg Hospital, Plainfield, vice presi-

dent; Blanche E. Elden, Mercer Hospital, Trenton, secretary; and Ida F. Austin, East Orange, director. The meeting closed a two-day institute, at which two hundred and fifty people registered. This was the first institute held by the New Jersey State League and the members were very enthusiastic in their interest. It seems quite apparent that the League will plan for membership in the National League for the coming year. Miss Hall, the National League President, was the speaker of the evening, her subject being, *The Spirit of the League*. The members were very glad to hear Miss Hall. The program for the Institute included the following subjects: *January 28, Morning*—Practical Nursing Today, with demonstrations, Isabell Bennett. *Afternoon*—Relation of Theory to Practice in Nursing Education, Isabel M. Stewart; Correlation Classes, an Experiment with Case Study, Florence M. Flanagan; New Types of Examination Questions, Charlotte C. Skeoglund; History of Nursing Made Interesting without Illustrative Material, Elsie Maurer. *January 29, Morning*—Type Lesson in Pediatric Nursing, Maude Kelley; The Use of Illustrative Material, Ida F. Austin; Plea for Better Training of Students in Tuberculosis Work, Mary C. Nelson. *Afternoon*—The Education of the Venereally Infected, Jane Cook; Is the Supervision of Midwives Worth While? Grace Remshard; Rural Nursing, Ann Calley; Standardization of Hospital Equipment, Grace Allison; The Place of the Beautiful in Life, Mrs. Lois Coffey Moosman. **Newark.**—DISTRICT 1 held its annual meeting on January 26, at the Babies Hospital, with Florence Burns as hostess. The attendance was the largest in the history of the District, and after the business meeting a delightful musical program was rendered, and refreshments served. District 1 has pledged itself to raise \$2,000 for the 1926 budget of the State Association, and the Alumnae Associations comprising the District, are already actively engaged in plans for raising their quotas. Enthusiasm and interest concerning the coming of the Biennial to New Jersey is growing and it is believed there will be a record attendance from the State. **Paterson.**—At a meeting of District 2 at the Barnet Hospital Nurses' Home, January 20, a ceremony of unusual interest took place. This was the awarding, by Virginia Chetwood, State President, of three prizes, to student nurses for songs to be sung at the Biennial. The contest was open to students in all the schools in New Jersey. The prizes were won by three students in one school, the Hacken-

sack Hospital School of Nursing, as follows: First, \$25, to Fannie Mason; second, \$10, to Marie Kimble; third, one year's subscription to *The American Journal of Nursing* (the gift of Miss Chetwood).

New Mexico: THE NEW MEXICO STATE NURSES' ASSOCIATION will hold its annual meeting in Albuquerque, April 30.

New York: Auburn.—THE AUBURN CITY HOSPITAL NURSES' ALUMNAE held their annual meeting in the Nurses' Home, January 29. Miss Lauer gave a good report of the District 4 meeting held in Syracuse and spoke of the enthusiastic work of the alumnae in having twenty-one little green candles on their *Journal* birthday cake at that meeting. Mrs. Tucker and Miss Fries were hostesses for the social hour. Eight new members were enrolled. The officers for 1926 are: President, Adeline Lauer; vice presidents, Jessie Bolenius, Mrs. Grace Bergan; secretary, Mrs. Margaret Farron; assistant, Julia Scullin; treasurer, Alice Graney; and four directors. Chairmen of standing committees are: Credentials, Kate Young; Sick and Relief, Lena Breen; Program, Mrs. Brew; Nurses' Relief Fund, Mrs. Whipple; House Supplies, Ida Bulkley; Legislative, District 4, Mrs. Silas Tabor; Registry District 4, Miss Bolenius. **Brooklyn.**—At a meeting of the NURSES' ALUMNAE ASSOCIATION OF THE KINGS COUNTY HOSPITAL, held January 19, the following officers were elected: President, Nellie Sullivan; vice presidents, Mary Ronayne, Anna Gebhard; secretary, May Gilmore Carey; treasurer, Lucy Treadway; and three directors. Dues for resident members were increased to \$4. THE SWONKE HOSPITAL NURSES' ALUMNAE held its annual meeting on February 3. Officers elected are: President, Florence Bryant; vice president, Hulda Lawson; secretary, Helen Stroening; treasurer, Hulma Carlson; and three directors. **Elmira.**—On January 6, the twelfth annual meeting of the ALUMNAE ASSOCIATION OF THE ANNEX-OUTER MUNICIPAL HOSPITAL was held. Reports were given and the following officers elected: President, Mrs. Reeve B. Howland; vice presidents, Elisabeth A. Hiday, Mrs. Henry Deister; secretary, Mrs. Clifford F. Leet; treasurer, Mrs. Frederick F. Wood. After the retiring president, Miss Lovey, had given her address, the members gave a rising vote of thanks for her capable and gracious service for three years. On January 29, "Stepping-up Day" was observed at the Hospital, the Probationers receiving caps and bibs. The program included a Senior song, a Junior

song, remarks by the Superintendent of Nurses, Mrs. Prutsman, presentation of caps by the Senior President, recitation of the Nightingale pledge, class prophecy, Probation class song. On February 4, a dinner and dance were given by the Alumnae Association at the Country Club, in honor of the Senior class. On February 5, the Senior banquet was held at the DeLuxe Inn, a theater party following. On February 8, a Junior Promenade was given at the Nurses' Home. The Senior luncheon was given on February 10. The Arnot-Ogden Hospital held its thirty-seventh annual commencement for a class of seventeen on February 10, in the Nurses' Home, the new recreation room being used for the first time. The address was given by William R. Straughan, Ph.D., of Mansfield, Pa. **Ithaca.**—The annual meeting of the ALUMNAE ASSOCIATION OF THE CITY HOSPITAL was held January 7, when the following officers were elected: President, Gladys Metzger; vice president, Clara Woolsey; corresponding secretary, Mrs. Lettie Hover; recording secretary, Rosemary Vickers; treasurer, Frances Tyrell. The question of having an official registry was discussed. **New York.**—THE NEW YORK INDUSTRIAL NURSES' CLUB meets on the second Thursday of each month, from October to May inclusive, with a dinner. Speakers, prominent in their various fields, are included on the program each month and the meetings are well attended. The speakers for the present season have been: October, Mary Wilderkin of Cleveland; November, Alta Dines; December, Ruth C. Woodbury; January, Judge Jean Norris; February, Frederick G. Elton. On March 11, Nelle Swartz, Director Women's Division, Department of Labor, will be the club guest. On April 8, Dr. L. E. Cofer, Director of Industrial Division, State Department of Labor, will address the club. May 13, Annual Business Meeting. The Industrial Nurses' Club, for the next four meetings, will meet for dinner at 6:30 sharp at the Central Club for Nurses, 132 East 45th Street. Ida Maud Isem has been appointed Director of the National Association for Music in Hospitals. Early in March Mrs. Isem will begin a trip in response to numerous calls which will take her through many of the Middle-western and Southern States. At a tea at the home of Miss Anne Morgan on January 14, Mrs. Mary Breckinridge, nurse and midwife, most vividly described the work in midwifery in a mountain county which she is directing for the Kentucky Committee for Mothers and Babies. It is recalled that Mrs.

Breckinridge and the nurses working with her obtained their midwifery training in England in preparation for this important work. Amelia Grant has resigned from the faculty of the Yale School of Nursing to become Assistant Executive Officer, Adviser on Public Health Nursing, Bellevue-Yorkville Health Demonstration. Miss Grant will be succeeded at the Yale School by Helena M. Stewart. Rochester.—THE GENESEE VALLEY NURSES' ASSOCIATION held a meeting on January 26, at the Club House. Ethel Phillips, one of the Highland Hospital Alumnae, gave a report of the Middle Atlantic Division meeting in Washington. The Highland Hospital Alumnae were hostesses. THE ROCHESTER GENERAL HOSPITAL ALUMNAE have elected the following officers for 1926: President, Dorothy Devine; vice presidents, Madeline Hickey, Rose Webber; secretary, Elsie Welke; treasurer, Lucy Bayley. Syracuse.—The annual meeting of DISTRICT No. 4 was held at the Hotel Syracuse, January 14. Two hundred and twenty members were present. Changes in the constitution were made providing for five regular meetings instead of four. Five *Journal* birthday cakes were displayed, with 141 candles. Louise R. Sherwood, who has been president since the organization of the district six years ago, made a very inspiring address and the following officers were elected for the coming year: President, Helena M. Morris; vice presidents, Mary Lenane, Eva Muirhead; secretary, Doris Meech; treasurer, Charlotte Fage; and two directors. THE NURSES' ALUMNAE ASSOCIATION OF SYRACUSE UNIVERSITY HOSPITAL or THE GOOD SHEPHERD held its annual meeting on January 28. Officers were elected: President, Gertrude Masterson; vice presidents, Edith Mapstone, Lula M. Kio; recording secretary, Mrs. Anna R. Erhard; corresponding secretary, Anna Grace Youmans; treasurer, Cassie White; and two directors.

North Carolina: THE NORTH CAROLINA BOARD OF NURSES EXAMINERS will give examinations in Raleigh, April 20-22. Application blanks may be procured from the Secretary, Mrs. Dorothy Hayden Conyers, Box 1307, Greensboro. Asheville.—The annual meeting of the FIRST DISTRICT ASSOCIATION was held at the Club House, January 13. The reports of the Secretary and Treasurer showed 120 members in good standing. Twelve regular meetings have been held during the year, and two special ones. An interesting program has been presented at each one. The amount of welfare work was a gain on

previous years, amounting to \$448, including the per capita tax for the State Relief Fund. A number of visits were paid to the invalids, and some gratuitous nursing was done by different members. The following officers were elected: President, Mary P. Laxton; vice presidents, Odessa Chambers and Nell Luther; secretary, Dorothy Wallace; treasurer, Minnie Gibbs; and two directors. Charlotte.—DISTRICT 3 held its regular meeting on February 3, in the City Health Department with thirty-five members present to enjoy the interesting program. The President gave an account of the meeting of the Advisory Council which she attended in Raleigh, after which Clara Ross took charge of the program. A social hour followed with the Health Nurses as hostesses. Winston-Salem.—DISTRICT No. 2 held its regular monthly meeting on January 14, 1926, with a splendid attendance. Officers for the year were elected as follows: President, Lelia M. Idol; vice presidents, Edna L. Heinzerling, Lula West; secretary, Mary Murphy; treasurer, Mary Hylton. The members are delighted to report splendid progress in membership; the District now numbers 116. A committee secured a large number of subscriptions for our *American Journal of Nursing* on its 25th birthday. The usual custom of giving a year's subscription to two magazines to the students of the three hospitals in the City was reported at this meeting. Finances are in good shape. This District is very proud of a compulsory ruling regarding a definite amount for the Relief Fund, each member being required to pay \$3 per year, \$1 going to the National and \$2 retained for the Local Relief Fund. From this local fund they have been able to send substantial checks to several sick nurses and flowers to others. By unanimous vote the Nurses' Registry was moved from the City Memorial Hospital, where it was placed temporarily several years ago, to the Doctors' Exchange. A special invitation was given to Senior student nurses of the three hospitals to attend the regular meetings. We hope to interest them and let them take a part in our programs, hoping thereby to stimulate a stronger interest in the young graduates. We expect to send a delegate to the A. N. A. from our District, paying part or all of her expense. At the February meeting the Committees for the year were named and we look forward to doing our best year's work. A delightful social hour always follows our regular meetings, giving us an opportunity to get together and enjoy each other's company.

Ohio: Cincinnati.—DISTRICT 8 will meet at the Children's Hospital on the evening of March 22. Esther Jorstad will speak on The Opportunity of the Pediatric Nurse as a teacher. **Cleveland.**—The beautiful new hospitals of the Western Reserve University group, Babies' and Children's and Maternity, opened their doors to the public in the month of December just previous to the admission of patients, granting Cleveland the opportunity of inspecting their splendid equipment; and the thousands attending this opening showed the extreme interest which Cleveland citizens are taking in the affairs of its hospitals. The Lakeside Hospital, under the supervision of Laura M. Grant, Director of Nursing Service, started its series of teas in the Flora Stone Mather Nurses' Home in December. DISTRICT 4 held its annual meeting at the Cleveland Nursing Center, January 19, and elected the following officers for 1926: President, Edith Tunstead; vice president, Mrs. Estelle Koch; recording secretary, Edna Gorsuch; corresponding secretary, Anna Jenkins; treasurer, Louise M. Powell; and four trustees. The Section on Nursing Education of District 4 had as their December guest, Doctor Beard of the University of Minnesota, who gave a most inspiring talk to the group. The January meeting of the Section, held on the thirteenth, at the Nursing Center, had for discussion, the Use of Case Studies for Clinical Teaching, led by Florence Wilson of Western Reserve University School of Nursing.⁶ The same subject was continued at the February meeting. The Parliamentary Law class of St. John's Hospital held its first session on January 6. The course is being conducted by Ed. Demsen, an attorney. Much to the enjoyment of the School of Nursing, a course of gymnasium has been introduced into the curriculum of St. John's School for Nurses. Class and inter-class basketball teams have been formed. The Junior nurses' class at St. Vincent's Charity Hospital held its annual dance, January 20, at the Knights of Columbus Hall. THE ALUMNAE ASSOCIATION OF THE WESTERN RESERVE UNIVERSITY School of Nursing gave a Benefit Bridge at the Cleveland Nursing Center, February 20, for the "Nurses' Relief" and "Scholarship" Funds. The students of the CIRR HOSPITAL SCHOOL OF NURSING have started the year 1926 with a series of activities, social and recreational. An active basketball team has played two games with outside teams this past month, coming out the winner in both events. On January 29, an "Internes' Ball" proved a wonderful

success. A Carnival was held on February 24, for the benefit of the "Amusement and Occupational Therapy Department" of the "Mental and Nervous Division" of the Hospital. An extremely interesting "Street Carnival" was held in the "Flora Stone Mather Hall" of the Lakeside Hospital, February 9. Venders of all kinds, together with the bright costumes of the street buyers made the Carnival most enjoyable, while music and dancing added to the general gaiety. The proceeds of this affair, produced by the students of the Western Reserve University School of Nursing and the Nursing Staff of Lakeside Hospital will go toward the Chapel Fund of the St. Barnabas Guild House. **Youngstown.**—The annual meeting and banquet of DISTRICT 3 were held on January 20, at the Nel-Mor tea room. Fifty nurses were present from Youngstown, Ashtabula, Painesville, Warren, Lisbon, Salem and East Liverpool. The following officers were elected: President, Elizabeth Meyer; vice presidents, Helen Bloomfield and Harriet Carroll; secretary, Nell Mahaney; treasurer, Mrs. Lena Hurd; and two directors.

Oregon: Emily Sanders, President of the State Board of Examiners of Nurses, and Grace Phelps are making the annual inspection of schools for nurses in the state. **Portland.**—Grace Savage, graduate of the Good Samaritan Hospital, is the first night registrar at the Nurses' Official Registry at Central Headquarters.

Pennsylvania: Altoona.—DISTRICT 5 held its annual meeting in the Nurses' Home, Altoona Hospital, January 19, with an attendance of seventy. Officers were elected. A luncheon was served in the gymnasium, afterward. On February 9, a pie and cake social was held in the gymnasium with good results. **Harrisburg.**—The seventh annual meeting of DISTRICT 4 was held in the Nurses' Home of the Harrisburg Hospital, January 16. Mrs. Carrie Thompson Alter, delegate to the Middle Atlantic Division meetings gave a very interesting report. Officers elected are: President, Mrs. Carrie Alter; vice presidents, Mrs. Louella Oliver, Mary Lau; secretary, Edith Yingst; treasurer, Charlotte Mellen; and two directors. Dr. George Moffit gave an interesting lecture on How the Modern Laboratory Functions in the Community. A dinner followed at which the Alumnae of the Harrisburg Hospital were hostesses. The next meeting will be held in Williamsport, March 20, in the Woman's Club. **Lancaster.**—THE LANCASTER GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting at the Nurses'

Home on February 2. After the business of the evening, the Association entertained the graduating class. Dr. C. P. Stahr, Medical Director of the Hospital, spoke on cooperation between the Association and the Hospital and emphasized the importance of alumnae membership. A pleasant social hour followed.

Philadelphia.—The NURSES' ALUMNAE ASSOCIATION of HOWARD HOSPITAL held its annual meeting and the following were elected to serve during the ensuing year: President, Katherine M. Smith; vice president, Ida Broz; treasurer, Alice M. Woodward; secretary, Mrs. Mildred R. Rose; and five members to the Board of Directors, 1926 and 1927. The members are working diligently to raise money for a Nurses' Endowed Room in the new hospital.

A Correction.—An error was made in reporting the news from the Joseph Price Memorial Hospital Alumnae, in the February *Journal*, due to a misunderstanding of the meaning of an item sent in. The correct statement is that Dr. Evelyn Brydon was married to George L. MacKay, of Richmond, Va., last fall.

Pittsburgh.—Nurses of the city have a live club of more than 400 members. Property has been purchased at 3346 Fifth Avenue where the Official Directory is housed. When alterations are complete, the club house will have an auditorium seating 200.

THE NURSES' ALUMNAE of ST. FRANCIS' HOSPITAL held their annual meeting, January 28, at the Hospital, with an unusually large attendance. Officers elected are: President, Dorothy L. Cole; vice presidents, Rita Marr, Mary Benedick; secretary, Ann Brosnan; treasurer, Mae Hoover; and three directors.

KATHRYN MAE JOYCE Post 509, AMERICAN LEGION, has moved its headquarters to the new Nurses' Club, where meetings are held on the second Monday of each month. Mary Welsh, chairman of the Americanization Committee, is planning to award ten Legion school medals to girls of the eighth grade in the Pittsburgh District in June.

Reading.—Activities of the READING HOSPITAL ALUMNAE for the year 1925 were: Ten meetings with average attendance of 17 members; a worthwhile program at each meeting; joint meeting of three alumnae associations in June; two scholarships and one loan given; \$25 given to the State Legislative Fund; \$100 given to the Nurses' Relief Fund for 1924 and 1925, each member paying \$1; the Association was represented at each District meeting. Four of the members have died during the year.

Scranton.—THE WEST SIDE HOSPITAL ALUMNAE held its annual meeting on January 22 in

the new Nurses' Home. A dinner was enjoyed and addresses were given by Edgar A. Jones, Thomas McHugh, John Reynolds and May V. Hill, Superintendent of the Hospital. Officers elected are: President, Lillian King; secretary, Mrs. George Patterson; treasurer, Agnes M. McDonough. Over fifty members were in attendance. The annual meeting of the STATE HOSPITAL ALUMNAE ASSOCIATION was held in the Nurses' Home, January 14, with a large number present. Officers were elected: President, Agnes F. Cawley; vice presidents, Mrs. Agnes M. Gallagher, Clare Wade; secretary, Alice Lynott; treasurer, Beatrice Hill; and four directors.

Wilkes-Barre.—MENZ HOSPITAL ALUMNAE had their regular monthly meeting at the Hospital, February 1. An interesting talk on The History of Nursing was given by Sister M. Regina. Committees for the year were appointed.

Wilkinsburg.—THE COLUMBUS HOSPITAL ALUMNAE held their annual meeting at the home of Mrs. T. D. Turner. Officers elected are: President, Luella McCalpin; vice presidents, Martha Speer, Mary Beebe; secretary, Mary Reamer; treasurer, Margaret Fletcher. After the business meeting a social hour and reunion were enjoyed.

Rhode Island: THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting in the auditorium of the Medical Society Library, Providence, January 21. The report of the Finance Committee showed a successful year. A talk on Safe Investments for Business Women by Henry Solomon was the principal feature of the afternoon. A social hour followed the business meeting. Officers elected are: President, Winifred Fitzpatrick; vice presidents, Asta Erpestad, Elizabeth F. Sherman; recording secretary, Anna K. McGibbon; corresponding secretary, Edith Barnard; treasurer, Helen A. Parks, all of Providence. The annual meeting of the RHODE ISLAND STATE ORGANIZATION FOR PUBLIC HEALTH NURSING was held at the Medical Library, Providence, February 4. The morning session was devoted to a general discussion of public health nursing problems. Short talks on Diet and Health Habits of Children were given by Ada Lockhard of Providence Nutrition Bureau and Gladys B. Goldthorp, New England Food and Dairy Council. A cafeteria luncheon was served and this was followed by the business meeting and election of officers. Mary S. Gardner, Director of Providence District Nursing Association and Advising Director of the National Organization for Public Health Nursing, reported on

affairs at National Headquarters. Sophie Nelson, Director, Visiting Nurse Service of John Hancock Life Insurance Company, explained the service to be given policy holders and then gave a talk on the Likenesses and Differences of Public Health Nursing in various sections of the country. THE RHODE ISLAND STATE LEAGUE OF NURSING EDUCATION has elected the following officers for the year 1926: President, Anna K. McGibbon; vice president, Evelyn C. Mulrenan; secretary, Mary E. Corcoran; treasurer, Margaret I. Love; directors, Mary S. Gardner, Janet McLaren, Sarah C. Barry, Asta Erpestad. PROVIDENCE.—Sr. CAMELLIA GUILD FOR CATHOLIC NURSES was addressed by Dr. James Walsh, Director of Social Studies at Fordham University, on the occasion of the regular January meeting. His interesting address on Psycho-analysis was enjoyed by the 250 members and friends present. THE RHODE ISLAND HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting and election of officers at the Nurses' Home, January 26. The Scholarship Committee reported that a fund of \$6,000, to be known as the Inez Clark Lord Scholarship Fund, has been raised and turned over to the Rhode Island Hospital Trust Company for investment. The Director of the Training School has been notified that this scholarship will be available for students desirous of further education, whose qualifications meet the stipulated requirements. Sara Barry was elected President of the Association. Letters were read from sick and shut-in nurses, expressing their appreciation of the Christmas baskets. The Association held its annual banquet, January 27, at the Turks Head Club. About 150 members were present. Among the speakers were: Asta Erpestad, Superintendent of Nurses; Lucy C. Ayers, Superintendent of the Woonsocket Hospital and for ten years Superintendent of Nurses at the Rhode Island Hospital; Emma Stowe, another former Superintendent; Mrs. Carrie Richis, an Honorary Member; Sara Barry, President; Mary Des Isles, Retiring President, and Mrs. Clinton Wescott. Over \$2,000 was pledged during the evening for a fund which the Alumnae are raising to found a home for sick, tired or disabled nurses, graduates or students, to be known as the "Lucy C. Ayers Home for Nurses." Sr. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting at the Nurses' Home, January 29. The following officers were elected: President, Mrs. Lillian Johnson; vice presidents, Margaret Friel and Mrs.

Elizabeth Lake; treasurer, Mrs. Alice Mulvey; secretary, Alice O'Rourke; and three directors. WOONSOCKET.—At the annual meeting of the WOONSOCKET HOSPITAL ALUMNAE ASSOCIATION, held January 19, the following officers were elected: President, Mrs. Winifred Bellenville; vice presidents, Kathleen Johnston, Eleanor Bloomfield; recording secretary, Mrs. Claribelle Lambert; corresponding secretary, Mrs. Beatrice Pryor; assistant corresponding secretary, Loretta Coffey; treasurer, Mrs. Carleton Scott; and six directors. The Alumnae gave a banquet to the graduating class which numbered twelve at the Elks' Club on January 4. On January 5, the graduation exercises took place at the Nurses' Home with Doctor Richardson, Superintendent of the Providence City Hospital, as the principal speaker.

Texas: Houston.—On December 12, 1925, the ALUMNAE OF THE BAPTIST HOSPITAL, held their annual banquet, only this year it was turned into a "Home Coming" and held in their own hospital. The student nurses' dining room was decorated in Christmas colors. The Senior Class, in uniform, served. Music and readings were furnished by members of the student body. This hospitality so graciously extended by the Superintendent of Nurses, Mrs. Robert Jolly, did all good and it was a joy to be back in the hospital and have Mrs. Jolly talk again, reminding them of the too short time spent under her kindly influence. To note the changes and growth the school and hospital had undergone was most gratifying. Speakers of the evening were: Judge T. M. Kennerly, President of the Board through all the years, and Dr. E. F. Robbins, first intern of the hospital. Sister nurses were present from the first class to the last, from Miss Mernitz, eldest from the point of graduation, to the graduate of less than a month. It is hoped next year those who could not be present this year will make an effort to "Come Home." They will then be proud of their Alma Mater!

Utah: THE UTAH STATE NURSES' ASSOCIATION held its annual meeting on January 13 in Salt Lake City. Officers elected are: President, Blanche Henderson; vice president, Ella Wicklund; secretary, Kathrine Brett, L.D.S. Hospital; assistant secretary, Lucy Pocock; treasurer, Melva McDonald, all of Salt Lake City.

Vermont: THE EXECUTIVE BOARD OF THE VERMONT STATE NURSES' ASSOCIATION met in January and took action on the resignation

of Hazel E. Danbrook, acting president. Miss Danbrook has gone to Virginia for a short course in laboratory work. The nurses of the state have suffered the loss of an old friend in the death of Donley C. Hawley, M.D., who has been President of the Examining Board since its creation, in 1911.

Washington: The annual convention of THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will be held at Everett, June 17-19. A very interesting program has been outlined, details of which will be given later, and a large attendance is anticipated. Inasmuch as the biennial convention of the American Nurses' Association is to be held before the Washington convention, the Washington group will receive a great deal of inspiration and enthusiasm from the delegates who will have returned from Atlantic City. **Kelso:**—Kelso is the headquarters for a new DISTRICT 10, comprised of Cowlitz and Clarke Counties, that has just been organized. Although District 10 is starting with rather a small number, it includes the new Longview Hospital, and they seem to be making up what they lack in numbers, in enthusiasm. **Seattle:**—At the monthly meeting of Second District, February 1st, Dr. Copeland Plummer, of Seattle, gave a very interesting lecture on "Foreign Bodies in the Lungs and Lung Abscesses," explaining the instruments and their use in bronchoscopy. **Walla Walla:**—DISTRICT 7 has made it obligatory that their Association membership fee shall include the subscription to *The American Journal of Nursing*. Maude Parson, University of Washington, is giving a course of lectures to a class of thirty-six nurses on Public Health work.

Wisconsin: Ashland:—THE ALUMNAR OF St. JOSEPH'S HOSPITAL entertained the twelve members of the graduating class of 1925 at a banquet, December 22. Twenty-five of the Alumnae were present. Sister M. Ediltrudis has become a registered technician. Sister M. Vitalis succeeds Sister M. Landalina on the hospital staff. **Madison:**—THE DIXIE DISTRICT, THE LEAGUE OF NURSING EDUCATION held a meeting at the Wisconsin General Hospital. Following are the officers elected: President, Myrtle Deans; vice president, Lila Fletcher; secretary, Cecilia Evans; treasurer, Sara Nelson. Grace Hillyer, formerly with the Child Welfare Department of Wisconsin, has accepted a position as county nurse in Dane County. Anga Olsen, graduate of Fairview Hospital, Minneapolis, has accepted the position of night supervisor at the Madison Gen-

eral Hospital. Cornelia van Kooy, president of the State Association, gave an interesting talk on nursing problems at the December meeting of the Private Duty Section of the District which was held at the home of Mrs. Eliza Nelson Gratz. The overseas women, including nurses, technicians, anesthetists and dietitians held a luncheon meeting at the Hotel Lorraine with a view to forming a social organization. Graduates of the Madison Sanitarium have organized an alumnae association which has been accepted by the District. THE TITMO DISTRICT held its regular meeting January 19, at the Bradley Memorial Hospital. Dr. B. H. Hager of the Wisconsin General Hospital gave an illustrated lecture, Diseases of the Kidneys. Seventy members were present and refreshments were served. THE MAMMOS GENERAL HOSPITAL accepted nineteen probationers into the School for Nurses at a "capping service." The presidents of the Senior and the Junior classes pinned the caps on the newly accepted nurses. Following the services a luncheon was served in the dining room, the nurses repeating the Nightingale Pledge and singing school songs. Charlotte Landt, graduate of the Presbyterian Hospital, Chicago, has accepted the position of night supervisor at the Hospital. Miss Landt has been engaged in Red Cross work in Chicago for the past four years. **Merrill:**—THE EIGHTH DISTRICT held its December meeting at the Hotel Badger, a luncheon preceding the meeting. Thirty members were present, from Stevens Point, Wausau, Merrill, Wisconsin Rapids, Nekoosa and Marshfield. Five dollars a month, for twelve months, was pledged to the Nurses' Relief Fund. Cornelia van Kooy gave a very interesting report from the International Conference. **Milwaukee:**—THE FOURTH AND FIFTH DISTRICT met on January 12. Mrs. W. A. Upham gave a very interesting address explaining the Lucretia Mott amendment. She urged the members to use their influence against the measure, saying that it would take away from women the protection which is necessary to the welfare of mankind. Members of the Mount Sinai Hospital were the hostesses of the evening and the Senior nurses from the same institution were the guests. Grace TeBrake has resigned as Superintendent of Nurses of the Children's Hospital and will enter Columbia University for special work. Miss TeBrake has been with the hospital for nine years. Lillie Bennett who has been Assistant Superintendent of Nurses at the Washington University Hospital, St. Louis,

will succeed Miss TeBrake. At a meeting held February 9, Hanno R. Pestalozzi, chief probationer officer of Milwaukee, gave an interesting talk on the Principals of Manhood and strongly advocated the placing of morality classes in the public schools. Hilda Odegard, Director of the Milwaukee Central School for Nurses, addressed the Senior class of St. Joseph's Hospital who were the guests of the evening. The district voted to give five cents per capita toward the expenses of the International Headquarters. St. Joseph's Hospital Alumnae were the hostesses. Racine.—DISTRICT 1 held a special meeting at Sunny Rest Sanatorium, at which twelve new members were received. A paper on Social Activities at St. Luke's Hospital was given by one of the students of that school. Maud Harvey, Superintendent of the Sanatorium, was hostess at the social hour which was much enjoyed. Wausau.—The regular meeting of the EIGHTEEN District was held at the Hotel Wausau, on January 19, with 38 present. A successful business meeting was held followed by a delightful luncheon and program. The adopted collect of the women's clubs was read. Etta Gault, principal of the school for the deaf in Wausau gave a paper on Deaf Work. Dr M. E. Jones gave a talk on What's New in Medicine. The District had as its guests three of the senior class of the Wausau Memorial Hospital and three of the Sisters of St. Mary's Hospital, who are recent graduates.

Wyoming: Casper.—Mrs. Isabel Nelson has resigned as Superintendent of the Natrona County Hospital. She is succeeded by Mrs. Mary Echwig.

Marriages

Edna Benson (class of 1911, St. Mark's Hospital, Salt Lake City, Utah) to Daniel Stephen Putnam, December 25, 1925. At home, Portland, Oregon.

Mildred Berens (class of 1921, St. Joseph's Hospital, St. Paul, Minn.) to Lieutenant William K. Johnston, January 12. At home, Waukegan, Ill.

Marietta Kathryn Bixler (class of 1922, Cleveland City Hospital, Cleveland, O.) to Albert John Herold, December 16. At home, Jersey City, N. J.

Dorothy E. Brewster (class of 1918, Waltham Training School for Nurses, Waltham, Mass.), to Arthur Scott Waldron, December 23, 1925. At home, Somerville, Mass.

Ruth Frances (class of 1919, Christ Hos-

pital, Cincinnati, O.) to Oscar Evans, December 22. At home, Paintsville, Ky.

Jane Gloystein (class of 1923, Christ Hospital, Cincinnati, O.) to C. R. Snider, December 23, 1925.

Margaret Jacobi (class of 1920, Northwestern Hospital, Minneapolis, Minn.) to Grover Broadfoot, December 29, 1925. At home, Mandevi, Wis.

Inez Jeanette Jones (Lawrence Memorial Hospital, New London, Conn.) to Russell W. Albertson, January 1. At home, Fort Atkinson, Wis.

Jane E. Jones (Mt. Sinai Hospital, Milwaukee, Wis.) to Otto Syvrud, December 23, 1925. At home, Mt. Horeb, Wis.

Alta Gladys Kindell (Washington University School of Nursing, St. Louis, Mo.) to Elmer A. Lansche, M.D.

Vivian Kulander (class of 1925, Northwestern Hospital, Minneapolis, Minn.) to Gilbert Forsythe, December 25, 1925. At home, Minneapolis.

Mary Pogue Lawrence (class of 1917, Christ Hospital, Cincinnati, O.) to Romain C. Lewis, January 1.

Ione LeVake (class of 1917, Madison General Hospital, Madison, Wis.) to Frank Anderson, December 26. At home, Hayward, Wis.

Oma McArthur (class of 1922, Mercer Sanitarium, Mercer, Pa.) to Terrance Quinn, January 14. At home, Farrell, Pa.

Svea Newman (class of 1923, Swedish Hospital, Minneapolis, Minn.) to William R. Landin, January 14. At home, Jacksonville, Fla.

Mary Neeman (class of 1920, St. Luke's Hospital, Chicago, Ill.) to Eugene Rankin, January 19. At home, Marshfield, Wis.

Anna Richmond (class of 1916, Ithaca City Hospital, Ithaca, N. Y.) to Fredrick Shumaker, January 19. At home, Flushing, L. I.

Georgianna Root (class of 1925, Ithaca City Hospital, Ithaca, N. Y.) to Walter K. Westervelt, January 7. At home, Ithaca.

Esther Slagle (class of 1920, Mercer Sanitarium, Mercer, Pa.) to Frank Reese, January 30.

Charlotte Sobeck (class of 1924, Madison General Hospital, Madison, Wis.) to August

Fiddelke, December 23. At home, River Dale, Ill.

Ethel M. Viele (class of 1921, Amsterdam Hospital, Amsterdam, N. Y.) to Arthur Wald, December 18. At home, Katpadi, North Ascot District, South India.

Cora Eileen Willis (class of 1918, Baroness Erlanger Hospital, Chattanooga, Tenn.) to Jerome E. Rademaker, February 6. At home, Jefferson Barracks, Mo.

Muriel Yeani (class of 1925, St. Vincent's Hospital, Birmingham, Ala.) to W. B. Emery, January 1.

Deaths

Margaret Airth (class of 1904, Long Island College Hospital, Brooklyn, N. Y.) suddenly on January 28, in Brooklyn. Burial was at her former home, Renfrew, Ontario, Canada.

Mrs. Gertrude Irving Davey (class of 1915, Amsterdam Hospital, Amsterdam, N. Y.) on December 20.

Helena Durhake (class of 1908, Lima City Hospital, Lima, O.) on January 21, at Bluffton, Ohio, of pneumonia. Miss Durhake was in charge of the surgery at Lima City Hospital for nine years; head nurse of the Deaconess Hospital, Milwaukee, one year; surgical nurse at Lucas County Hospital, Toledo, two years; Superintendent of the Bluffton Hospital, two years. She was a woman of fine character, an excellent nurse and instructor; she was much loved by all who knew her.

Mrs. Harper Wright (Eliza C. Gallagher, class of 1909, Mercy Hospital, Chicago) on December 3, at Grandfield, Okla., after a short illness. Mrs. Wright did private nursing at the Mayo Clinic until 1911, when she went to Chattanooga, Tenn., where she was Superintendent of nurses at the Newell Sanitarium, later going to the Baroness Erlanger Hospital. She was married in 1914 and had since lived in Grandfield. She was President of the Red Cross county chapter during the War. She loved her profession and influenced many a young woman to enter it.

Mrs. Albert Fifield (Florence Gresley, class of 1909, Northwestern Hospital, Minneapolis, Minn.) on January 3, in Minneapolis, after an illness of several weeks. Mrs. Fifield was very active in her alumnae, she also did volunteer work for the Minneapolis Infant Welfare, for a number of years.

Sister Katherine (Henigan) on September 4, 1925. Sister Katherine was a Sister of Charity; she had served her Order faithfully in Texas, at El Paso, Dallas, and Sherman, before she was transferred to St. Joseph's Hospital, St. Joseph, Mo., where she was an Instructor in the School of Nursing at the time of her death. She was a splendid teacher and is greatly missed in the school. The local Committee on Red Cross Nursing Service deplores the loss of an alert, cheerful and devoted member who was faithful in attendance and fair-minded in her judgments.

Marie McMullen (class of 1919, St. Francis Hospital, Pittsburgh, Pa.) on January 14. Prior to her illness, which she bore patiently for nearly two years, Miss McMullen was an active member of her alumnae. After graduation she did operating room work and later, private duty. Miss McMullen had faithful friends among the nurses and her acquaintances.

Mrs. Mable Grant Rader (class of 1917, University Hospital, Chicago, Ill.) on January 11. Mrs. Rader was treasurer of the Natrona District Nurses' Association, Casper, Wyoming. No one among the Wyoming nurses was more loved, respected and trusted by the members of her profession and the people of Casper, than was Mrs. Rader. She was devoted to her profession and was an untiring worker for the welfare of nurses. Her passing will be keenly felt by the nurses of Wyoming. She was buried with military honors; fifty nurses in uniform attended the services.

Mildred Reishus (class of 1925, Northwestern Hospital, Minneapolis, Minn.) in January, at the Northwestern Hospital.

Mrs. Reis (Nora Rice, class of 1924, Madison General Hospital, Madison, Wis.) in December, following an operation. Mrs. Reis lived in Green Bay, Wis.

Sarah L. Simonsen (class of 1880, Bellevue Hospital, New York) on January 7. Burial was at Warwick, N. Y.

Johanna Sullivan (class of 1904, St. Vincent's Hospital, Birmingham, Ala.) on January 8, in Springfield, Mass.

Elizabeth Marsh Whitaere (class of 1908, Christ Hospital, Cincinnati, O.) on January 3, at her home, Tacoma, Wash.

Mrs. Ella Zimmerman Winter (class of 1892, Memorial Hospital Training School for

Nurses, Orange, N. J.) on February 4, of an acute disease borne with the patience and consideration for others which had characterized her life. Mrs. Winter was always ready to give practical help to those who needed assistance. Many years ago, at the outset of her career, she was presented with

a gold cross and watch, by the community where she had tended two poor families stricken with diphtheria, from whom there was no prospect of any financial return for her services, which included all of the work of the house. Many devoted friends mourn her loss.



Our Contributors

Sarah C. Barry gives much proper credit to Doctor Chapin for the knowledge and vision which made the first development of aseptic technic in this country possible. What nurses should never forget is their debt to the courage and patience of the woman, Miss Barry herself, who put Doctor Chapin's theories into practical operation in the wards of the Providence City Hospital and who has hospitably entertained nurse observers from all across this broad land.

P. S. Smith, M.D., is on the staff of the George Ben Johnston Memorial Hospital of Southwest Virginia, Abingdon, Virginia.

Calculating a Diabetic's Menu doesn't seem such a difficult procedure when Miss Wood tells us how in this, her second article on Nutrition. Write us if her article is helpful to you, or if you need further help.

Gladys Sellew, M.A., R.N., has given years to the study of children and now her textbook on Pediatric Nursing is almost ready for publication. She is a graduate of the School of Nursing and Health of the University of Cincinnati, and as Director of Nurses at the Babies' and Children's Hospital, Cleveland, and Assistant Professor of Nursing Education in the School of Nursing, Western Reserve University, is participating in the development of that exceedingly interesting plan.

Gene Harrison, R.N., stands ready to put her own theories on "Opportunities in Floor Duty" to the test, for she is Medical Supervisor and Instructor in Medical Nursing in the Washington University School of Nursing, Barnes Hospital, St. Louis.

Few people are better qualified to write of the happiness of service than Kathleen Burke (Mrs. Frederick Forrest) Peabody, whose brilliant mind and flaming personality won for her much distinction and many decorations during the war when she was Financial Secretary of the Scottish Women's Hospitals. She served with the British, French, Serbian and Russian Armies and was wounded at Verdun and gassed at Valenciennes.

Anna M. Drake, R.N., knows tuberculosis in all its aspects in the field and in the sanatoria. Last year she resigned as Director of Nursing, Iowa Tuberculosis Association, to become Supervisor of Nursing at the Branch Hospital and Instructor in Tuberculosis Nursing in the School of Nursing and Health, University of Cincinnati.

Beulah Crawford, B.A., M.A., Cornell College; High School teacher for a number of years; Graduate U. S. Army School of Nursing; Educational Director of Nursing, State University of Iowa; Director of Nursing, Syracuse University. Home address: Iowa City, Iowa.

About Books

ETHICS: A Textbook for Nurses. By Charlotte Talley, R.N. 140 pages. G. P. Putnam's Sons, New York. Price, \$1.50.

THE writer has drawn freely upon the great works on Ethics for the subject matter of this little book and has prepared ten chapters, each with a compact summary, on the following topics: The Origin and Development of Ethics; Modern Ideals and Standards; Individualism; Self and Others in Ethical Conduct; Ethical Values; Life's Essentials; The Quest of the Ideal; Principles of Nursing Ethics.

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A COOK BOOK FOR NURSES. By Sarah C. Hill. Fifth Edition, revised. 76 pages. One illustration. M. Barrows & Company, Boston. Price, 90 cents.

THE book is exactly what the title indicates, a collection of recipes and directions which will be of help to the nurse who is away from other sources of cooking information. The five chap-

ters have the headings: fluid diet, light soft diet, soft or convalescent diet, special diets, formulae for infant feeding and notes on serving. Interleaving between the chapters provides spaces for the writing of additional recipes.

Heading the first three chapters are introductory outlines regarding the foods served for the indicated diet. These outlines also serve as partial guides to the sequence of recipes, but a complete index makes every recipe easily located.

Under special diets the material is meagre, including only diabetes, nephritis, rheumatism and liver disorders. Diabetes leads the list, eight of the thirteen pages being devoted to this disease, but the recipes seem inadequate. A nurse caring for a diabetic patient would be bewildered unless she had further information. As the book has been revised since the advent of insulin, the diet for diabetes might have been modernized.

The formulae for infant feeding were furnished by able pediatricians. Supplementary directions regarding the method used in the preparation of feedings would be appreciated by a practical nurse who has had little or no hospital experience.

The notes on serving are a fitting ending for a book containing simple recipes which may be prepared by a nurse and then served to her patient.

HELEN CLARKE, M.S.,
Clifton Springs, N. Y.

PREScription NOTES. By Arthur L. Tatum. 22 pages and blank pages for prescriptions. The University of Chicago Press. Price, \$1.35 postpaid.

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